PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 42-42-73 Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information



<u>A</u> F	or th	e 2022 calendar year, or tax year beginning and	ending		
B C a	heck if pplicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name		80-06311	81	
	Initial		Room/suite	E Telephone number	,
	- Final	132 WEST 21ST STREET, 6TH FLOOR		212-592-2	
	termin ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	600,169.
	Amen return	NEW IORR, NI IOOII		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: MAKINA DOKN		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	State of legal domicile: NY
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PI		FREE GROUP	ART
& Governance		THERAPY TO ADULTS AND YOUTH AFFECTED BY T			-1-
ern	_	Check this box if the organization discontinued its operations or dispos		1 1	iets. 12
200	3				12
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
Activities		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			35
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		540,303.	498,022.
iue	9	Program service revenue (Part VIII, line 2g)		67,180.	93,020.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3.	1,067.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,743.	-41,237.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		582,743.	550,872.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
(0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		333,119.	374,883.
Ise		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 87,37	72.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,078.	174,542.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		479,197.	549,425.
	19	Revenue less expenses. Subtract line 18 from line 12		103,546.	1,447.
or				ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		342,714.	350,473.
Ass	21	Total liabilities (Part X, line 26)		23,611.	29,923.
-Net	22	Net assets or fund balances. Subtract line 21 from line 20		319,103.	320,550.
Pa	nrt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	LAUREN CHRISTIAN, CHAIR			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	EVA MRUK	EVA MRUK	04/10/23 self-employed P00543254	
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC	Firm's EIN 87-3231666	
Use Only	Firm's address 245 PARK AVENUE,	12TH FLOOR		
	NEW YORK, NY 1016	57	Phone no. 212 - 286 - 2600	
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes 🗌 N	lo
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instructior	ns. Form <b>990</b> (202	22)

		80-0631181	Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE ART THERAPY PROJECT IS A NONPROFIT MENTAL HEALTH ORGA		
	PROVIDING FREE GROUP ART THERAPY TO ADULTS AND YOUTH AFFE		
	TRAUMA. USING THE ART-MAKING PROCESS AND WITH SUPPORT FROM		
	THERAPISTS, CLIENTS LEARN HOW TO EXPLORE FEELINGS, INCREA	SE	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •	
	revenue, if any, for each program service reported.	. ,	
4a	(Code:) (Expenses \$110,460. including grants of \$0. ) (Revenue	s 47,	560.
	THE PRACTICE - THE PRACTICE IS AN INDIVIDUAL, FEE-FOR-SER		
	DESIGNED TO PROVIDE ACCESSIBLE ONE-ON-ONE ART THERAPY FOR		
	ADULTS AND FAMILIES AND, ULTIMATELY, TO HELP SUPPORT FREE		
	THERAPY SERVICES FOR TRAUMA SURVIVORS. IN 2022, SERVICES		ED
	IN-PERSON AND VIA TELEHEALTH. CLIENTS ADDRESSED A RANGE O		
	INCLUDING: ANXIETY, DEPRESSION, GRIEF AND LOSS. SERVICES		T.E
	ON A SLIDING SCALE FEE BASIS. 288 SESSIONS WERE PROVIDED		
	YEAR.	DONING IIIE	
	00.401	1.0	215
4b	(Code: ) (Expenses \$ 83,401. including grants of \$ 0. ) (Revenue		315.
	YOUTH ART THERAPY PROGRAM - THE YOUTH ART THERAPY PROGRAM		
	CHILDREN AND ADOLESCENTS DURING THE YEAR. THROUGHOUT THE		
	PROGRAM HAD TO NAVIGATE PANDEMIC-RELATED CLOSURES AND PRO		
	PARTNER FACILITIES YET WE WERE ABLE TO RUN 184 SESSIONS T		
	COMBINATION OF IN-PERSON AND TELEHEALTH SESSIONS. THESE G	ROUPS WERE	
			_
	PROVIDED IN PARTNERSHIP WITH OUR YOUTH PROGRAM PARTNERS:	CARES, CEDA	R
	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET	CARES, CEDA HDALE, NEW	R
	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET ALTERNATIVES FOR CHILDREN, NEW DESTINY HOUSING, AND THE C	CARES, CEDA HDALE, NEW HILDREN'S	R
	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET	CARES, CEDA HDALE, NEW HILDREN'S	R
	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET ALTERNATIVES FOR CHILDREN, NEW DESTINY HOUSING, AND THE C	CARES, CEDA HDALE, NEW HILDREN'S D ISSUES	
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4c	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET.         ALTERNATIVES FOR CHILDREN, NEW DESTINY HOUSING, AND THE C.         VILLAGE. YOUTH GROUPS ADDRESSED A VARIETY OF STRESSORS AN         INCLUDING INTERPERSONAL RELATIONSHIPS AND IDEAS RELATED TO         ISOLATION AND DISTANCE, FAMILY STRESSORS, COMMUNITY VIOLE         USE COPING SKILLS TO MANAGE ANXIETY.         (Code:)(Expenses\$54,154. including grants of \$0.) (Revenue         SUBSTANCE USE, ADDICTION & RECOVERY PROGRAM - THE SUBSTANCE	CARES, CEDA HDALE, NEW HILDREN'S D ISSUES O CONNECTIO NCE AND HOW \$ CE & ADDICT	N, TO 0. ION
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	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET.         ALTERNATIVES FOR CHILDREN, NEW DESTINY HOUSING, AND THE C.         VILLAGE. YOUTH GROUPS ADDRESSED A VARIETY OF STRESSORS AND         INCLUDING INTERPERSONAL RELATIONSHIPS AND IDEAS RELATED TO         ISOLATION AND DISTANCE, FAMILY STRESSORS, COMMUNITY VIOLE         USE COPING SKILLS TO MANAGE ANXIETY.         (code:)(Expenses \$ 54,154. including grants of \$ 0. ) (Revenue         SUBSTANCE USE, ADDICTION & RECOVERY PROGRAM - THE SUBSTANCE         PROGRAM SERVES BOTH INPATIENT AND OUTPATIENT POPULATIONS         BETH ISRAEL CHEMICAL DEPENDENCY CENTER AS WELL AS CLIENTS         EDUCATIONAL ALLIANCE'S CENTER FOR RECOVERY & WELLNESS. DU         WORKED WITH 306 CLIENTS IN 136 SESSIONS AND ADDRESSED ISS         FROM NAVIGATING SHAME TO SYSTEMS OF CONTROL TO DEVELOPING         COPING SKILLS. DUE TO THE PROGRAM BEING HOSPITAL BASED, TO         PERIODS DURING THE YEAR WHEN GROUPS COULD NOT MEET DUE TO         Other program services (Describe on Schedule O.)         (Expenses \$ 158,400. including grants of \$ 0.) (Revenue \$	CARES, CEDA HDALE, NEW HILDREN'S D ISSUES O CONNECTIO NCE AND HOW & CE & ADDICT AT MOUNT SI OF RING 2022, UES RANGING HEALTHY HERE WERE	N, TO O. ION NAI WE
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4d	KNOLLS ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYET.         ALTERNATIVES FOR CHILDREN, NEW DESTINY HOUSING, AND THE C.         VILLAGE. YOUTH GROUPS ADDRESSED A VARIETY OF STRESSORS AND         INCLUDING INTERPERSONAL RELATIONSHIPS AND IDEAS RELATED TO         ISOLATION AND DISTANCE, FAMILY STRESSORS, COMMUNITY VIOLED         USE COPING SKILLS TO MANAGE ANXIETY.         (code:)(Expenses \$	CARES, CEDA HDALE, NEW HILDREN'S D ISSUES D CONNECTIO NCE AND HOW CE & ADDICT AT MOUNT SI OF RING 2022, UES RANGING HEALTHY HERE WERE THE PANDEM 26,145.)	N, TO O. ION NAI WE

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<b> </b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete		37	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d		00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	A	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
•	contributions? If "Yes," complete Schedule M	30	Х	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dor	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 2			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
		14a		x
		14b		
15 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>			
.0	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)
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THE ART THERAPY PROJECT CORPORATION

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Form 990 (2022)

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Form 990	(2022)
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### THE ART THERAPY PROJECT CORPORATION

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		12			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			Γ			
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	T	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		Г	5		Х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Γ			
	more members of the governing body?	-			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			Γ			
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			····· F			
	The governing body?	-	-	— Г	8a	х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			F			
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			<u></u>	- 1		
		<u>, onuc</u>				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····  -			
		•	anniaces,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			····· ⊢	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	х	
				····· ⊢	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			······	120	-23	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			12c	x	
10	on Schedule O how this was done			····· F	13	X	
13 14	Did the organization have a written whistleblower policy?				14	X	
14 15	Did the organization have a written document retention and destruction policy?			····· -	14		
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	lependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45 -	х	
	The organization's CEO, Executive Director, or top management official			······ F	15a 15b	~	v
α	Other officers or key employees of the organization			·····  -	15b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		u				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent terreble active during the upper				10		X
	taxable entity during the year?			·····  -	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			F	10		
Sec	exempt status with respect to such arrangements?		<u></u>	<u></u>	16b		<u> </u>
17 10	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>		T (a a - t)				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	na 990	I (section 50	п(с)(З)s с	oniy) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest poli	cy, and f	inanc	ial	
_	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
	MARTHA DORN - 212-592-2755	1					
	132 WEST 21ST STREET, 6TH FLOOR, NEW YORK, NY 1001	.⊥				000	
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	6						<b>.</b> .
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List all o une organization is carrent key employees, in any, one the inductions of definition of the events is the organization is carrent key employees.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	<b>(B)</b> Average hours per	(do	not cl	Pos heck	C) ition more	1 than o is both	one	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)				irecto	Highest compensated struty of employee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MARTHA DORN	50.00									
EXECUTIVE DIRECTOR	10.00			X				97,748.	0.	18,000.
(2) DAVID WASSERMAN	10.00									
CHAIR		Х		X				0.	0.	0.
(3) LAUREN CHRISTIAN	5.00								•	•
VICE CHAIR & TREASURER	1 00	Х		X		<u> </u>		0.	0.	0.
(4) MEG E. DODGE	1.00								•	•
SECRETARY	1 00	X		X		<u> </u>		0.	0.	0.
(5) DIANE L. DUCKLER	1.00								0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(6) DEBORAH FARBER	1.00	v							0	0
DIRECTOR (7) SHERYL PUNIA	1 0 0	Х						0.	0.	0.
	1.00	x						0.	0.	0
DIRECTOR (8) JEANETTE REECE	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) DAVID RHODES	1.00	Δ				-		0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) VAL SERENO	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(11) SARAH STALLER	1.00									
DIRECTOR		x						0.	Ο.	0.
(12) NICOLE TURNER	1.00									
DIRECTOR		х						0.	Ο.	0.
(13) LAUREN YOUNG	1.00									
DIRECTOR		х						0.	0.	0.
		1				1	1			

232007 12-13-22

Form 990 (2022)

### 13060410 756359 1681012.001

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	<u>990 (2022) THE ART 7</u>	HERAPY	PR	OJ	EC	Т	CO	RF	PORATION	80-06	<u>531</u> :	181	Pa	age <b>8</b>
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(10			ition			Reportable	Reportable		Es	timate	ed
		hours per	box	not ch , unles	s per	son is	s both	an	compensation	compensatio	n	an	nount	of
		week	offic	cer and	d a di	recto	r/trust	tee)	from	from related	ı		other	
		(list any	ector						the	organization	I	com	pensa	tion
		hours for	or dir	e.			ated		organization	(W-2/1099-MIS	;C/		om th	
		related organizations	Istee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		below	ual tru	ional		ploye	t com ee		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	JUR
			-	드	9	Ke	e Hi	R						
				$\vdash$										
1b	Subtotal								97,748.		0.	1	8,0	00.
	Total from continuation sheets to Part VII								0.		0.			0.
d	Total (add lines 1b and 1c)								97,748.		0.	1	8,0	00.
	Total number of individuals (including but no								eceived more than \$100,	000 of reportable	,			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	ey ei	mple	oyee	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for su	ich individual			•							3		Х
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		Х
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com					-			-			5	х	
	ion B. Independent Contractors	piete deneduit	<u>,                                    </u>	<u> </u>	υn	20/30					<u></u>			
1	Complete this table for your five highest cor	mpensated ind	lepe	nden	t co	ontra	actor	s th	nat received more than \$	100.000 of comr	ensat	ion fro	m	
	the organization. Report compensation for t													
	(A)	<u>ine culoridui y</u>			<u>g</u>				(B)			(0	;)	
	Name and business	address	NC	ONE					Description of s	ervices	С		nsatio	n
2	Total number of independent contractors (ir	ncludina but na	ot lin	nited	to t	thos	e lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	•				0			,					
													000 //	

Form **990** (2022)

232008 12-13-22

Form						ERA	PY PROJE	CT CORPORAT	TION	80-0631	181 Page <b>9</b>
Pa	rt VI		Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respo	onse	or note to any lin			(2)	
									(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
ts ts	1 ;	а	Federated campaigns		1a						
ran	I	b	Membership dues		1b						
Ωŭ	(	с	Fundraising events		1c		145,626.				
ar A	(										
s, G	(		Government grants (contr								
ŝ	1		All other contributions, gifts,								
her			similar amounts not included				352,396.				
ĢĘ		q	Noncash contributions included in			\$	34,287.				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f			+	•	498,022.			
<u> </u>							Business Code				
~	2 8	a	THE PRACTICE				624100	47,560.	47,560.		
- Kice	2 4		YOUTH ART THE	RA	ΡY		624100	19,315.	19,315.		
Ser			WELLNESS PROG				624100	11,000.	11,000.		
ž a			MIXED TRAUMA				624100	5,760.	5,760.		
Program Service Revenue			VETERANS				624100	4,950.	4,950.		
or l							624100	4,435.	4,435.		
-			All other program service	rever	iue		024100	93,020.	1,155.		
	3	g	Total. Add lines 2a-2f Investment income (includ				at and	55,020.			
	3							1,067.			1,067.
	4		Income from investment of				rooodo	1,007.			1,007.
	4 5				-	nu p	loceeus				
	J		Royalties	· · · · · · ·	(i) Rea	<u></u>	(ii) Personal				
	~	_	0	<b>A</b>				-			
	6 8		Gross rents	6a							
	b Less: rental expenses 6b				-						
	c Rental income or (loss) 6c										
			Net rental income or (loss)	)	(i) Securi		(ii) Other				
	7 8	а	Gross amount from sales of	_	(I) Securi	lies	(ii) Other	-			
	_	_	assets other than inventory	7a				-			
		b	Less: cost or other basis								
nue			and sales expenses	7b				-			
evenue			Gain or (loss)	7c							
Å			Net gain or (loss)				1				
Other R	8 8		Gross income from fundraisin								
ò			including \$ 145								
			contributions reported on				0 0 0 0				
			Part IV, line 18								
			Less: direct expenses			8b	49,297.	41 007			41 007
			Net income or (loss) from					-41,237.			-41,237.
	9 a	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses			9b					
			Net income or (loss) from			s					
	10 a	а	Gross sales of inventory, I								
			and allowances								
	I	b	Less: cost of goods sold			10b					
	(	С	Net income or (loss) from	sales	of invento	ry					
s							Business Code				
in e	11 a	а									
ane	I	b									
sells: eve	(	с									
Miscellaneous Revenue	(	d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons		<u></u>		550,872.	93,020.	0.	-40,170.
232009	9 12-1										Form <b>990</b> (2022)

9

THE ART THERAPY PROJECT CORPORATION

	Check if Schedule O contains a respons			(C)	X
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	115,748.	81,024.	12,732.	21,992
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	201,390.	147,650.	13,081.	40,659
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,447.	17,895.	2,310.	7,242
0	Payroll taxes	30,298.	20,330.	2,860.	7,242 7,108
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	16,500.	13,200.	1,650.	1,650
	Lobbying			,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	128,449.	103,850.	17,815.	6.784
2	Advertising and promotion	3,914.	3,260.	105.	<u>6,784</u> 549
3	Office expenses	13,093.	10,121.	1,688.	1,284
4	Information technology	973.	890.	83.	_,
5	Royalties	2.01			
6	Occupancy				
7	Travel	300.	272.	28.	
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,744.	560.	1,080.	104
9		-,, -1.			101
:0 :1	Payments to affiliates				
2	Depreciation, depletion, and amortization	977.	977.		
3		4,558.	2,352.	2,206.	
3 4	Insurance	±,550•	2,552.	2,200.	
4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ART SUPPLIES	4,034.	4,034.		
b		.,	-,		
c					
d					
	All other expenses				
е 5	Total functional expenses. Add lines 1 through 24e	549,425.	406,415.	55,638.	87,372
<u>5</u> 6	Joint costs. Complete this line only if the organization	515,1250	100,1130		57,572
0					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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232010 12-13-22

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Form 990 (2022)

Form 990 (		ART	THERAPY	PROJECT	CORPO
Part X	Balance Sheet				

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		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			260,265.	1	248,229.
	2	Savings and temporary cash investments			1,000.	2	1,000.
	3	Pledges and grants receivable, net			25,300.	з	5,250.
	4	Accounts receivable, net			2,325.	4	8,910.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,862.			
	b	Less: accumulated depreciation	10b	977.	0.	10c	4,885.
	11	Investments - publicly traded securities		50,002.	11	4,885. 81,068.	
	12	Investments - other securities. See Part IV, line 1		•	12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,822.	15	1,131.		
	16	Total assets. Add lines 1 through 15 (must equ			342,714.	16	350,473.
	17	Accounts payable and accrued expenses			20,316.	17	26,568.
	18	Grants payable		18			
	19	Deferred revenue	3,295.	19	3,355.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa		Г			
		parties, and other liabilities not included on lines	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			23,611.	26	29,923.
	1	Organizations that follow FASB ASC 958, che	ck here	• X	·		
es		and complete lines 27, 28, 32, and 33.					
anc	27				287,103.	27	299,550.
Bala	28	Net assets with donor restrictions			32,000.	28	21,000.
Гр		Organizations that do not follow FASB ASC 9					
Fui		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			319,103.	32	320,550.
Z	33	Total liabilities and net assets/fund balances			342,714.	33	350,473.

Form 990 (2022)

### ORATION

232011 12-13-22

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Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 12)       2         2       Total expenses (imust equal Part X, column (A), line 25)       2         3       11, 447.         4       Assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4         5       Net unrealized gains (losses) on investments       5         6       6       7         7       Investment expenses       7         8       0       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       320, 550.         Part XII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other - (brek if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other - (brek if Schedule D e		1990 (2022) THE ART THERAPY PROJECT CORPORATION	80-06	31181	Pag	_{ge} 12		
1       Total evenue (must equal Part VIII, column (A), line 12)       1       550, 872.         2       Total expenses (must equal Part IX, column (A), line 25)       2       549, 425.         3       1, 447.         4       Wet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       319, 103.         5       6       6       7         7       6       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       10         11       Accounting method used to prepare the Form 990:       Cash       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       X         12       X       If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate bas	Pa	rt XI Reconciliation of Net Assets						
2       Total expenses (must equal Part X, column (A), line 25)       2       549, 425.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 447.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       319, 103.         5       Bott unrealized gains (losses) on investments       6       6         6       7       7       7         7       8       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320, 550.         Part XII       Financial Statements and Reporting       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       Za       X         If "Yes," check a box below to indicate whether the f		Check if Schedule O contains a response or note to any line in this Part XI						
2       Total expenses (must equal Part X, column (A), line 25)       2       549, 425.         3       Revenue less expenses. Subtract line 2 from line 1       3       1, 447.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       319, 103.         5       Bott unrealized gains (losses) on investments       6       6         6       7       7       7         7       8       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320, 550.         Part XII       Financial Statements and Reporting       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis       Za       X         If "Yes," check a box below to indicate whether the f								
3       Revenue less expenses. Subtract line 2 from line 1       3       1,447.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       319,103.         5       Net unrealized gains (losses) on investments       5       6         6       7       7       7         8       Prior period adjustments       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320,550.         Part XIII       Financial Statements and Reporting       X       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Theck if Schedule O contains a response or note to any line in this Part XII       X       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       the organization changed its method of accounting from a prior year or check	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       319,103.         5       Net unrealized gains (losses) on investments       5         6       6       7         7       7       8         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       320,550.         Part XII       Financial Statements and Reporting       X       X         10       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       The organization is financial statements compiled or reviewed by an independent accountant?       Yes       No         12       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         14       Trees,* check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       Separate basis       Consolidated basis       Sboth consolidated and separate basis, consolidated basis, or both:       Zb       X         16       Yees* to kox bolow to indicate whether the f	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5       Net unrealized gains (losses) on investments       5         6       6       7         7       1       6         8       7       7         9       0.1       8         9       0.1       9       0.1         10       Net assets or fund balances (explain on Schedule O)       9       0.1         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320, 550.         Part XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis, or both:       Separate basis       Consolidated basis, or both:       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Z	3	3 Revenue less expenses. Subtract line 2 from line 1						
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320, 550.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Donsolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis.       2b       X         b       Were the organization's financial statements and selection of an independent accountant?       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its f	4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
7       investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320,550.         Part XII       Financial Statements and Reporting       X       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Yes       No         1       Accounting method used to prepare the form 990:       Cash       X Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Yes       No         1       Accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Yes       No         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were co	5	Net unrealized gains (losses) on investments	5					
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320, 550.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         1       Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       Z       Z       X       Z       Z       X       Z       Z       X       Z       Z       X       Z       Z       X       Z       Z       X       Z       Z       X       Z       Z       Z       Z	6	Donated services and use of facilities	6					
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 320,550.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII   X X   I Accounting method used to prepare the Form 990: Cash Cash X Accounting method used to prepare the Form 990: Cash Cash X Account Consolidated Dasis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Doth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X separate basis Consolidated basis Doth consolidated and separate basis Consolidated basis Consolidated basis Doth consolidated and separate basis Consolidated basis Consolidated basis Doth consolidated and separate basis Consolidated basis Doth consolidated and separate basis Consolidated basis Doth consolidated and separate basis Consolidated basis Consolidated basis Doth consolidated and separate basis Consolidated basis, or	7	Investment expenses	7					
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       320, 550.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       Za       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis, or both:       Za       X       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       Zb       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Z         If "Ye	8	Prior period adjustments	8					
column (B)       10       320,550.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X       Yes       No         3exparate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both: <td< th=""><td>9</td><td>Other changes in net assets or fund balances (explain on Schedule O)</td><td>9</td><td></td><td></td><td>0.</td></td<>	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         I       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         I       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2c       X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Definition of the inancial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting						
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII						
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis   consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   3a   b   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					Yes	No		
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X     <	1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit       If the organization did not undergo the required audit		separate basis, consolidated basis, or both:						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis						
consolidated basis, or both:       Image: Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	L		
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       If the organization did not undergo the required audit       If the organization did not undergo the required audit								
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		X Separate basis Consolidated basis Both consolidated and separate basis						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the         Uniform Guidance, 2 C.F.R. Part 200, Subpart F? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       X				. 2c	Х	L		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       Image: Comparization of the organization did not undergo the required audit			edule O.					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
- 000 (coss)		or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

ĺ	OMB No. 1545-0047
	2022
	Open to Public Inspection

Name of	the	organization
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Nam	ne of t	the organization							identification number				
Pa	r+ 1	THE .	ART THERAP	Y PROJECT CO	RPORA!				0-0631181				
_		Reason for Public (					ee instruction	S.					
	organ	ization is not a private found			-								
1		A church, convention of chu	,			n 170(b)(1	)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative											
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental ı	unit or from th	ne general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).						
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on											
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting				
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	rith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	reness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.							
f	Ente	er the number of supported o	organizations										
g		vide the following information			(iv) Is the orac	nization listed							
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see if	istructions)	support (see instructions)				
Tota													

## Schedule A (Form 990) 2022 THE ART THERAPY PROJECT CORPORATION 80-0631181 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	632,026.	582,687.	576,351.	540,303.	498,022.	2829389.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
_	the organization without charge	622 026		E76 2E1	E40 202	400 000	2020200		
	Total. Add lines 1 through 3	632,026.	582,687.	5/0,351.	540,303.	498,022.	2829389.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	L						1037503.		
6	Public support, Subtract line 5 from line 4.						1791886.		
	ction B. Total Support.						1791000.		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	632,026.	582,687.	576,351.	540,303.	498,022.	2829389.		
	Gross income from interest,		,,.	0,0,0010	010,0001	190,011			
Ŭ	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources				3.	1,067.	1,070.		
9	Net income from unrelated business								
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						2830459.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	368,772.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section /	01(c)(3)			
	organization, check this box and stop	bhere							
See	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	63.31 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	64.26 %		
<b>16</b> a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	<b>33 1/3% support test - 2021.</b> If the o	•							
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organization	ation					
17a	10% -facts-and-circumstances test	0							
	and if the organization meets the fact			-	-	VI how the organiz	ation		
	meets the facts-and-circumstances te	-		• • • •	-				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the								
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a				
						Schedule A	(Form 990) 2022		

232022 12-09-22

Schedule A (Form 990) 2022	THE	ART	THERAPY	PROJECT	CORPORATION
Part III Support Schedule fo	r Orga	nizatio	ons Describe	ed in Sectior	n 509(a)(2)

(	Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to
c	qualify under the tests listed below, please complete Part II.)
-	

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Sec	ction B. Total Support				-			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6							
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	acquired after June 30, 1975							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiz	ation,	
	check this box and stop here							
Sec	ction C. Computation of Public							
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13, o	column (f))		15	%	
16	Public support percentage from 2021	I Schedule A, Part	III, line 15			16	%	
Sec	ction D. Computation of Inves	stment Income	e Percentage					
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%	
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%	
19a	1 33 1/3% support tests - 2022. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	e 17 is not	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	ifies as a publicly s	supported organiza	tion		
b	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions		
23202	23 12-09-22		15	i		Schedul	e A (Form 990) 2022	

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Schedule A (Form 990) 2022

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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### Schedule A (Form 990) 2022 THE ART THERAPY PROJECT CORPORATION

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			

or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All T	ype III Supporting	Organizations					

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instruct	ion <u>s)</u> .
---	--	--------------------------------	----------------------	-------------------------	----------------------	--------------------------------	-----------------

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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Sche	edule A (Form 990) 2022 THE ART THERAPY PROJECT			80-0631181 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	<b>I</b>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting c	organization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

THE ART THERAN	PY PROJECI	CORPORATION
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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	ction D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which th								
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022				
_1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
a	From 2017								
b	From 2018								
C	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years			_					
	Applied to 2022 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
	Breakdown of line 7:								
	Excess from 2018								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
е	Excess from 2022								

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Part VI	Form 990) 2022 Supplemental In						Ine 10: Part		80-063118	
	Part IV, Section A, lin line 1; Part IV, Sectio Section D, lines 5, 6,	es 1, 2, 3b, 3c n D, lines 2 an	, 4b, 4c, 5a, d 3; Part IV,	6, 9a, 9b, Section E,	9c, 11a, 11b lines 1c, 2a	, and 11c; 2b, 3a, ar	Part IV, Sect d 3b; Part V,	ion B, lines 1 a line 1; Part V,	and 2; Part IV, Sec Section B, line 1e	tion C,
	(See instructions.)	and o, and Pa	rt v, Section	E, lines 2,	, 5, and 6. Ai		te this part to	r any addition	ai mormation.	
32028 12-09-2	2				20				Schedule A (For	m 990) 202

#### 223451 11-15-22

## Schedule B

### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### ** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

## 2022

Employer identification number

	THE ART THERAPY PROJECT CORPORATION	80-0631181
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set is the set is the set in the set is t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

THE ART THERAPY PROJECT CORPORATION

ort I Contributoro (

Part I	<b>CONTRIDUTORS</b> (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>77,886.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,250.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>25,294.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Employer identification number

80-0631181

223452 11-15-22

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THE ART THERAPY PROJECT CORPORATION

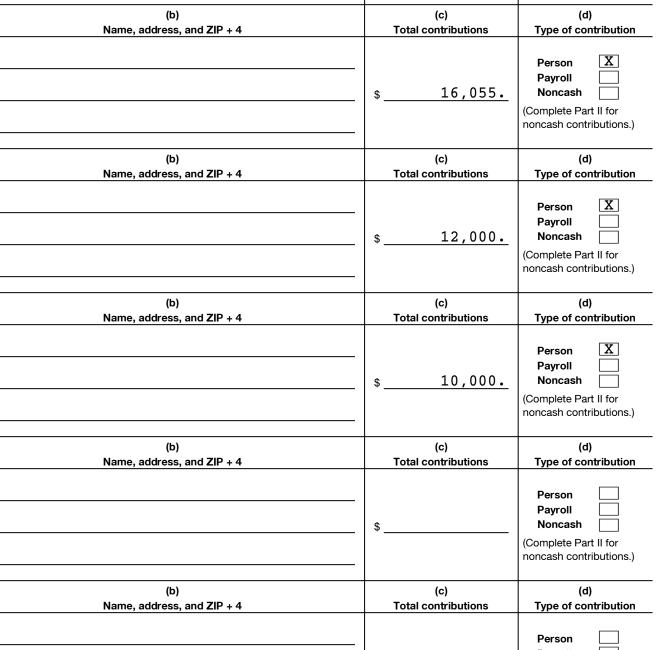
Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 16,251. Noncash Χ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 16,055. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

223452 11-15-22

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Employer identification number

80-0631181

THE AF	RT THERAPY PROJECT CORPORATION	80-0631181	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS AUCTION ITEMS	\$2,886	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	VARIOUS AUCTION ITEMS	\$8,500	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

Employer identification number

Schedule	B (Form 990) (2022)				Page 4			
Name of o	organization				Employer identification number			
ጥዝድ ል	RT THERAPY PROJECT CORPO	νραψτων			80-0631181			
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations describe						
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	through (e) and the following charitable, etc., contributions of \$1,	line entry. For org <b>)00 or less</b> for the	ganizations e year. (Enter this info. c	once.) \$			
	Use duplicate copies of Part III if additional s	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held			
<u> </u>								
		(e) Transfe	of gift					
		(0) 1101010	5. <b>g</b>					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
(-) N-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held			
Parti								
		(e) Transfe	of aift					
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee			
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held			
		(e) Transfe	of gift					
	<b>T</b>			1	and an an inclusion of an a			
	Transferee's name, address, a	na 21P + 4	Re	elationship of tra	nsferor to transferee			
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, a	nd $7IP \pm 4$	Be	lationshin of tra	nsferor to transferee			
223454 11-15	I 5-22				Schedule B (Form 990) (2022)			

 $^{^{\ 26}}$  2022.03030 the art therapy project c 16810121

(Form	990)
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### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

THE ART THERAPY PROJECT CORPORATION

Employer identification number 80-0631181

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin		(b) Europe and other accounts			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year		and foundation			
5	Did the organization inform all donors and donor advisors in a	-				
6	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a		-			
	for charitable purposes and not for the benefit of the donor o impermissible private benefit?					
Par		nanization answered "Yes" on Form 990				
1	Purpose(s) of conservation easements held by the organization					
•	Preservation of land for public use (for example, recrea		f a historically important land area			
	Protection of natural habitat	·	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
-	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Number of conservation easements on a certified historic stru					
	Number of conservation easements included in (c) acquired a					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year		5 5			
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?	Yes 🗌 No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) abov					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	-				
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the			
Dar	organization's accounting for conservation easements. T III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets			
1 41	Complete if the organization answered "Yes" on Form		aner omniar Assets.			
10		· · ·	and belence aboat works			
Id	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	· ·				
	service, provide in Part XIII the text of the footnote to its finar		•			
h	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	···· · · · · · · · · · · · · · · · · ·		•			
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	-	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022			
232051	09-01-22					

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2022.03030 THE ART THERAPY PROJECT C 16810121

		THERAPY P							31181		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tre	easures, or	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the t	following that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌 L	oan or exc	hange progra	am					
b	Scholarly research		e 🗌 o	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how the	y further th	ne organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	-		-	-						
	to be sold to raise funds rather than to be ma	intained as part of 1	the organi	zation's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			5				,			
<b>1</b> a	Is the organization an agent, trustee, custodia	an or other intermed	diary for co	ontribution	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							····· L		L	
~			no mig ta	510.					Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
							1e				
	Distributions during the year						16 1f				
	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· L			
Par											
		(a) Current year	1	ior year	(c) Two year			ears hack	(e) Four	vears	hack
4.0	Designing of year balance	(u) ourient you	(5)11	ior your				ouro buok	(0) 1 001	youro	buok
	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	•	e (line 1g,	column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	are held ar	nd administer	ed for the			r		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment fu	nds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV,	line 11a. S	See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	<b>(c)</b> Acc	cumulate	d	(d) Bool	k valu	е
	-	basis (invest	ment)	basis	(other)	depr	reciation				
<b>1</b> a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				5,862.		97	7.	4	1,8	85.
	Other										
	Add lines 1a through 1e. (Column (d) must ed		X colum	1 (R) line 1	0c)				4	1,8	85.
		<u>quari onn 330, Fàll</u>		<u>, wie i</u>	<u></u>				D (Form	-	
							•		- 1. 2.1		

232052 09-01-22

Schedule [	) (Form 990) 2022		RAPY PROJECT	CORPORATION	80-0631181 Page <b>3</b>
Part VII	Investments - 0	Other Securities.			
	Complete if the orga	anization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line	ə 12.
(a) Descri	ption of security or categ	OTY (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financ	ial derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col.	(b) must equal Form 990	, Part X, col. (B) line 12.)			
Part VII		Program Related.			
				11c. See Form 990, Part X, line	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990	, Part X, col. (B) line 13.)			
Part IX	Other Assets.				
	Complete if the orga			11d. See Form 990, Part X, line	
		(a	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
			e 15.)		
Part X	Other Liabilities				
			on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1.	.,	escription of liability			(b) Book value
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		<u>rm 990, Part X, col. (B) lir</u>			
-				the organization's financial sta	
organiz	ation's liability for unc	ertain tax positions unde	r FASB ASC 740. Check he	ere if the text of the footnote ha	as been provided in Part XIII X

Schedule D (Form 990) 2022

232053 09-01-22

13060410 756359 1681012.001

Sche	dule D (Form 990) 2022 THE ART THERAPY PROJECT	CORPORAT	ION	80-0	631181 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	722,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		134,268.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		37,383.		
е	Add lines 2a through 2d			2e	171,651.
3	Subtract line 2e from line 1			3	550,872.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	550,872.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	721,076.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	134,268.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	37,383.		
е	Add lines 2a through 2d			2e	171,651.
3	Subtract line 2e from line 1			3	549,425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>,)</u>		5	549,425.
Pa	t XIII Supplemental Information.				
Drovi	de the descriptions required for Part II lines 3, 5, and 9; Part III lines 1, and 4	· Dart IV lines 1h	and 2h: Part V line	· Dart X	line 2. Part XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

$\Gamma HE$	ORGANIZATION	RECOGNIZES	THE	EFFECT	OF	INCOME	TAX	POSITIONS	ONLY	WHEN
-------------	--------------	------------	-----	--------	----	--------	-----	-----------	------	------

THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED

THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE

ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR FISCAL PERIODS

30

PRIOR TO 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

### FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII

27	203	
51	, ၁၀၁	•

PART X	II,	LINE	2D	-	OTHER	ADJUSTMENTS:	
232054 09-01-22	2						

Schedule D (Form 990) 2022

Schedule D (Form 990) 2 Part XIII Supplem	2022	THE AR	T THERAPY	PR	OJECT	CORPORATION	80-0631181 Page 5
FUNDRAISING	EVENT	EXPENSES	REPORTED	IN	PART	VIII	37,383.
							_
							Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ental Information Regarding	g Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" or organization entered more than \$				r 19, or if the	2022				
Department of the Treasury		Attach to Form 990	-		-		Open to Public				
Internal Revenue Service		to www.irs.gov/Form990 for instru	uctions	and th	ne latest information		Inspection				
Name of the organization		THERAPY PROJECT C	יססמ	י ע סר	TON	Employer	identification number				
Part I Fundrais	THE ART	Complete if the organization answ									
	complete this par			03 01	11 onn 330, 1 art 10, 1						
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b Yes</li> <li>No</li> </ul>											
compensated at le				5							
(i) Name and address or entity (func		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (	by) to (or retained by)				
			Yes	No							
Total											
	ch the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt fror	n registration				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

THE ART THERAPY PROJECT CORPORATION 80-0631181 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro				]
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BID TO	^	(add col. (a) through
				CREATE CHANG	2	col. (c))
e			(event type)	(event type)	(total number)	\//
Hevenue	1	Gross receipts	84,114.	57,065.	12,507.	153,686
	2	Less: Contributions	76,054.	57,065.	12,507.	145,626
┥	3	Gross income (line 1 minus line 2)	8,060.			8,060
	4	Cash prizes				
	5	Noncash prizes			850.	850
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	9,025.			9,025.
ē	8	Entertainment	1,000.		200. 1,319.	1,200.
	9	Other direct expenses		34,334.	1,319.	38,222
	10	Direct expense summary. Add lines 4 through				49,297
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-41,237
Ine		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Revenue	4	Gross revenue				
Ises	2	Cash prizes				
<b>Direct Expenses</b>	3	Noncash prizes				
Ulrect	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
_ I						•
		er the state(s) in which the organization condu		atataa?		
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
a b )a	Is t If "I	he organization licensed to conduct gaming ac	ctivities in each of these			
a b Da	Is t If "I	he organization licensed to conduct gaming ac No," explain:	ctivities in each of these			

Sch	edule G (Form 990) 2022	THE	ART	THERAPY	PROJECT	CORPORATION	1 80-0	631181	Page 3
	Does the organization conduct ga							Yes	No No
12	Is the organization a grantor, ben								
13	to administer charitable gaming? Indicate the percentage of gaming							Yes	L No
	The organization's facility							13a	%
	An outside facility							13b	%
14	Enter the name and address of th	e person	who pre	epares the orga	nization's gamin	g/special events books	and records:		
	Name								
	Address								
15a	Does the organization have a con	tract with	n a third	party from who	m the organizati	on receives gaming rev	venue?	Yes	🗌 No
b	If "Yes," enter the amount of gam	ing rever	nue rece	ived by the orga	anization \$		and the amount		
	of gaming revenue retained by the	e third pa	irty \$						
с	If "Yes," enter name and address	of the th	ird party	:					
	Name								
	Address								
16	Coming manager information.								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	· · ·								
	Director/officer	☐ Fn	nployee		Independent o	contractor			
			.p.o)oo						
17	Mandatory distributions:								
а	Is the organization required under								🗌 No
b	retain the state gaming license? Enter the amount of distributions					er exempt organization		└── Yes	
	organization's own exempt activit	ies durin	g the tax	k year \$			·		
Pa	rt IV Supplemental Infor						s (iii) and (v); and Par	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicat	ole. Also	provide any ad	ditional informat	ion. See instructions.			
23208	33 10-27-22						Sched	ule G (Form	990) 2022
					34				

Schedule G	(Form 990) Supplemental Infor	THE	ART	THERAPY	PROJECT	CORPORATION	80-0631181	Page 4
Part IV	Supplemental Infor	mation	(contin	ued)				
							Schedule G (Fo	orm 990)
232084 04-01-2	2							

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99					
-	-	Compensated Employees		20	22					
Dopor	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic				
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction					
Nam	e of the organization	1	Employer ic			mber				
		THE ART THERAPY PROJECT CORPORATION	80-0	<u>63118</u>	1					
Pa	rt I Question	s Regarding Compensation								
					Yes	No				
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,							
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or c	harter travel Housing allowance or residence for perso	nal use							
	Travel for com	panions Payments for business use of personal re	sidence							
	_	ation and gross-up payments	s							
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)							
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or								
		rovision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b						
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2						
•										
3		ny, of the following the organization used to establish the compensation of the organization's								
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to							
		ation of the CEO/Executive Director, but explain in Part III.								
	X Compensation									
	X Form 990 of o	ompensation consultant	ammittaa							
		ther organizations X Approval by the board or compensation of	ommillee							
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
4	organization or a re									
а	•			4a		x				
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				X				
		eive payment from an equity-based compensation arrangement?				X				
•		les 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n							
	contingent on the r									
а	•			. 5a		Х				
		ation?				X				
		or 5b, describe in Part III.								
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n							
	contingent on the r	et earnings of:								
а	The organization?			. 6a		X				
		ation?				X				
	If "Yes" on line 6a o	or 6b, describe in Part III.								
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
		nes 5 and 6? If "Yes," describe in Part III		7		X				
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			x				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III									
9		id the organization also follow the rebuttable presumption procedure described in								
		1 53.4958-6(c)?		9						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n <b>990</b> )	2022				

232111 10-18-22

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		( <b>B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
<b>(A)</b> Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARTHA DORN	(i)	97,748.	0.	0.	0.	18,000.	115,748.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART VII, SECTION A, LINE 5:

MARTHA DORN, EXECUTIVE DIRECTOR, IS COMPENSATED BY THE SCHOOL OF VISUAL

ARTS, AN AFFILIATED BUT UNRELATED ORGANIZATION. SHE DEVOTES 100% OF HER

TIME TO THE ART THERAPY PROJECT. THE ORGANIZATION REIMBURSES THE SCHOOL

OF VISUAL ARTS FOR HER SALARY AND BENEFITS.

Schedule J (Form 990) 2022

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

Part I

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.								
Attach to Form 990								

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

### THE ART THERAPY PROJECT CORPORATION **Types of Property**

Employer identification number 80-0631181

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.(	JJECT CORE	PORATION	80-0631181
	(b)	(c)	(d)
	Number of	Noncash contribution	Method of determining
	contributions or	amounts reported on	

		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contri amounts report Form 990, Part VII	ed on		(d) od of determin contribution ar	•	S
1	Art - Works of art	X	1			SELLING	PRICE		
2	Art - Historical treasures						-		
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••									
12	trust interests Securities - Miscellaneous								
13	Qualified conservation contribution -								
15									
14	Historic structures Qualified conservation contribution - Other								
15									
16	Real estate - Residential								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
20									
21									
22	Historical artifacts								
23 24	Scientific specimens Archeological artifacts								
24 25	Other (VARIOUS AUCTION)	x	86	29	,087.	ററടന			
25 26	Other ()		00		,007.	0001			
20 27	Other ( )								
28	Other ( )								
<u>20</u> 29	Number of Forms 8283 received by the organiz	l zation during	l 1 the tax year for cr	ontributions					
ZJ	for which the organization completed Form 828	-	•		29			0	
	for which the organization completed form oze	50, i ait v, D			23			Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines	s 1 throug	h 28_that it		103	
000	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?						30a		х
h	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	ouires the review (	of any nonstandard	contribut	ions?	31		х
	Does the organization have a girl acceptance p	•	-	-					
JZd	contributions?			· •			32a		x
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column	(a) is cheo	cked,			
	describe in Part II.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2022

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80-0631181 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE M, PART I, COLUMN (B):

### THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1,

COLUMN (B).

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 80-0631181

FORM 990, ITEM C, DOING BUSINESS AS:

ART THERAPY OUTREACH CENTER

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ART THERAPY PROJECT CORPORATION

SELF-AWARENESS AND COPE WITH LIFE'S CHALLENGES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADDITIONAL ART THERAPY PROGRAMMING PROVIDED THROUGHOUT THE YEAR SERVED

THE LGBQTIA+ COMMUNITY, FRONTLINE WORKERS, THOSE EXPERIENCING SECONDARY

TRAUMA AND SURVIVORS OF SEXUAL ASSAULT.

EXPENSES \$ 158,400. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,145.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS DEBORAH FARBER, VAL SERENO AND DAVID RHODES ARE EACH EMPLOYED

BY THE SCHOOL OF VISUAL ARTS, AN ORGANIZATION OF WHICH DAVID RHODES IS

PRESIDENT OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF DIRECTORS AMENDED THE BY-LAWS IN APRIL 2022. THE CHANGES

INCLUDED THE FOLLOWING TERM LIMITS FOR BOARD MEMBERS: CHAIRPERSON, MAXIMUM

OF 2 CONSECUTIVE 3 YEAR TERMS; DIRECTORS, MAXIMUM OF 2 CONSECUTIVE 3 YEAR

TERMS; DAVID RHODES, EXEMPT FROM TERM LIMITS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR, BOARD CHAIR

 AND VICE CHAIR/TREASURER. THE BOARD CHAIR AND TREASURER PRESENT THE FORM

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Name of the organization THE ART THERAPY PROJECT CORPORATION							En	Employer identification number 80-0631181						
990	то	THE	FIN	ANCE	COM	<b>MITTEE</b>	AND	FULL	BOARD	OF	DIRECTORS	FOR	THEIR	REVIEW
AND	API	ROV	AL P	RIOR	то	FILING	WITH	THE	IRS.					

FORM 990, PART VI, SECTION B, LINE 12C:

THE ART THERAPY PROJECT CORPORATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD CURRENTLY MANDATES THAT ALL BOARD MEMBERS AND OFFICERS ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS WHO REVIEW THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT EXISTS, THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS WILL INFORM THE MEMBER OF THE BASIS OF SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN. THE BOARD OR COMMITTEE WILL DISCLOSE THE CONFLICT OF INTEREST AND HOW THE CONFLICT WAS HANDLED. THE PERSON WITH THE ACTUAL CONFLICT OF INTEREST WILL BE PROHIBITED FROM VOTING ON THE MATTER THAT GIVES RISE TO THE CONFLICT. IF THERE HAS BEEN SUBSTANTIAL AND REPEATED FAILURES TO DISCLOSE ACTUAL CONFLICTS OF INTEREST, THE BOARD MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING REMOVAL OF THE MEMBER.

FORM 990, PART VI, SECTION B, LINE 15A:

ON AN ANNUAL BASIS, THE ORGANIZATION'S COMPENSATION COMMITTEE COMPRISED OF THE BOARD'S CHAIR AND TREASURER REVIEWS COMPENSATION AT COMPARABLE NON-PROFIT ORGANIZATIONS TO DETERMINE APPROPRIATE SALARY LEVEL. ANY INCREASE IS DETERMINED BY THE ORGANIZATION'S OVERALL FINANCIAL HEALTH AND ANTICIPATED CASH FLOW FOR THE FOLLOWING FISCAL YEAR. THE RECOMMENDED AMOUNT IS INCLUDED IN THE BUDGET FOR APPROVAL BY FINANCE COMMITTEE AND FULL BOARD 232212 10-28-22 42

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Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification numbe 80-0631181
OF DIRECTORS. BUDGET APPROVAL IS NOTED IN THE MINUTES OF	BOTH THE FINANCE
COMMITTEE AND BOARD OF DIRECTORS MEETINGS THAT TOOK PLACE	IN DECEMBER 2022.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	IN ADDITION,
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S	WEBSITE, GUIDESTAR
AND BBB.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	100,973.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	100,973.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	2,722.
MANAGEMENT AND GENERAL EXPENSES	577.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,299.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	155.
MANAGEMENT AND GENERAL EXPENSES	17,238.
FUNDRAISING EXPENSES	6,784.
TOTAL EXPENSES	24,177.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	128,449.
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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification number 80-0631181
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESP	ONSIBILITY
FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTIC	ON OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM T	HE PRIOR
YEAR.	
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