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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Α	For the	2023 calendar year, or tax year beginning and end	ding					
	Check if applicable	C Name of organization		D Employer identifie	cation number			
Г	Addres	THE ART THERAPY PROJECT CORPORATION						
F	Name	MIE ADM MIEDADY DDACMICE						
F	Initial return		om/suite	E Telephone number				
F	Final	132 WEST 21ST STREET 6TH FLOOR						
_	Ireturn/ termin ated		212-592-1 G Gross receipts \$	663,970.				
Г	Ameno		H(a) Is this a group re					
F	Applic			for subordinates				
_	pendir	SAME AS C ABOVE		H(b) Are all subordinates in				
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [527		list. See instructions			
	Websit			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year o		N State of legal domicile: NY			
	art I	Summary		1	<u> </u>			
	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}{ m \ PRO}$	VIDE	FREE GROUP	ART			
Governance	3	THERAPY TO ADULTS AND YOUTH AFFECTED BY TRA						
eu.	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net ass	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	13			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13			
oč V	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5			
jį.	6	Total number of volunteers (estimate if necessary)			40			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_ ⋖	b b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		498,022.	562,931.			
	9	Program service revenue (Part VIII, line 2g)		93,020.	87,545.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,067.	3,868.			
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-41,237.	-40,004.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		550,872.	614,340.			
	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.			
y.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		374,883.	444,139.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ď	b	Total fundraising expenses (Part IX, column (D), line 25) 124,140	•					
Ú	^j 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		174,542.	136,407.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		549,425.	580,546.			
_	19	Revenue less expenses. Subtract line 18 from line 12		1,447.	33,794.			
or	Sec		Вес	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		350,473.	382,734.			
Net Assets or	21	Total liabilities (Part X, line 26)		29,923.	28,390.			
1	22	Net assets or fund balances. Subtract line 21 from line 20		320,550.	354,344.			
	art II	Signature Block			 			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and		-	knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer i	nas any knowledge.				
۵.		Signature of officer		I Date				
Sig				Duto				
He	re	LAUREN CHRISTIAN, CHAIR, TREASURER Type or print name and title						
			Ιn	Date Check	PTIN			
Do:	ч	Print/Type preparer's name Preparer's signature EVA MRUK EVA MRUK		if				
Pai								
	parer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC Firm's address 245 PARK AVENUE, 12TH FLOOR		FIRM'S EIN O	1-2221000			
USE	Only	NEW YORK, NY 10167		Dhone no 21	2-286-2600			
N/a	v tha IF	RS discuss this return with the preparer shown above? See instructions		Priorie no. 4 1	X Yes			
ıvıd	וא יוום וך	IO GISCUSS THIS TETATH WITH THE DIEDALEI SHOWH ADOVE! SHE HISHUCHOLIS			44 155 110			

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ART THERAPY PROJECT IS A NONPROFIT PROVIDING GROUP ART THERAPY IN
	A SAFE INCLUSIVE SPACE FOR PEOPLE IN NEED OF MENTAL HEALTH SERVICES.
	CLIENTS FEEL CONNECTED AND INSPIRED WHILE EXPLORING THEIR PERSONAL
	JOURNEYS, INCREASING THEIR SELF-AWARENESS, AND IMPROVING THEIR QUALITY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? X Yes No
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 85,246. including grants of \$ 0.) (Revenue \$ 27,670.
	YOUTH ART THERAPY PROGRAM
	THE YOUTH ART THERAPY PROGRAM SERVED 310 CHILDREN AND ADOLESCENTS IN
	2023. WE RAN 187 SESSIONS IN PARTNERSHIP WITH: CARES, CEDAR KNOLLS
	ACADEMY, JVL WILDCAT ACADEMY, MOUNT PLEASANT BLYETHDALE, NEW
	ALTERNATIVES FOR CHILDREN, NEW DESTINY HOUSING, NYC DEPARTMENT OF EDUCATION DISTRICT 15, AND THE CHILDREN'S VILLAGE. YOUTH GROUPS
	ADDRESSED A VARIETY OF STRESSORS AND ISSUES INCLUDING INTERPERSONAL
	RELATIONSHIPS, AND IDEAS RELATED TO IDENTITY, CONNECTION, ISOLATION AND
	DISTANCE, FAMILY STRESSORS, COMMUNITY VIOLENCE AND HOW TO USE COPING
	SKILLS TO MANAGE ANXIETY.
	DITTED TO IMMICE IMMIETT.
4b	(Code:) (Expenses \$ 61,587
	SUBSTANCE USE, ADDICTION & RECOVERY PROGRAM
	THE SUBSTANCE USE AND ADDICTION PROGRAM SERVES BOTH INPATIENT AND
	OUTPATIENT POPULATIONS AT MOUNT SINAI BETH ISRAEL CHEMICAL DEPENDENCY
	CENTER AS WELL AS CLIENTS OF THE EDUCATIONAL ALLIANCE'S CENTER FOR
	RECOVERY & WELLNESS. DURING 2023, WE WORKED WITH 414 CLIENTS IN 173
	SESSIONS AND ADDRESSED ISSUES RANGING FROM NAVIGATING SHAME TO SYSTEMS
	OF CONTROL TO DEVELOPING HEALTHY COPING SKILLS.
	47.060
4c	(Code:) (Expenses \$
	WOMEN VETERANS WERE THE FIRST CLIENTS SERVED BY THE ART THERAPY PROJECT
	IN 2011 AND NOW, SERVING ALL VETERANS REMAINS CENTRAL TO OUR MISSION.
	THERE IS A SIGNIFICANT AND UNMET NEED FOR MENTAL HEALTH SERVICES FOR
	VETERANS IN OUR COMMUNITY AND TATP HELPS FILL THAT VOID. IN 2023, 22
	VETERANS ATTENDED 64 SESSIONS, A COMBINATION OF IN-PERSON AND HYBRID
	(COMBINATION OF CLIENTS JOINING SESSIONS IN-PERSON AND ONLINE.) OUR
	VETERAN CLIENTS HAVE ALL EXPERIENCED SOME FORM OF TRAUMA AND LIVE WITH
	A VARIETY OF MENTAL AND/OR PHYSICAL HEALTH ISSUES INCLUDING POST
	TRAUMATIC STRESS DISORDER (PTSD), MILITARY SEXUAL TRAUMA (MST),
	TRAUMATIC BRAIN INJURY (TBI), DRUG ADDICTION AND/OR HOMELESSNESS. THE
	PROGRAM PROVIDES LONG-TERM CARE AND SUPPORT FOR VETERANS WHO WOULD
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 209,424 • including grants of \$ 0 •) (Revenue \$ 58,166 •)
4e	Total program service expenses 404,119.

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21280506 756359 1681012.001

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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, 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	_X_	
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	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 asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the Light of Object	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	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	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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,			37
	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		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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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Form	990 (2023) THE ART THERAPY PROJECT CORPORATION 80-0631	181	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			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		Х
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		Х
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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

Part 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 2a5							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
	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).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	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).							
а	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	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		<u> </u>				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
h								
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.	9a						
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	, , , , , , , , , , , , , , , , , , , ,							
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	40						
	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.	120						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
b	organization is licensed to issue qualified health plans							
_	Enter the amount of reserves on hand							
	Did the appropriation was in any comment for indeed to rive and in a device the target	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.45						
. •	excess parachute payment(s) during the year?	15		Х				
	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		Х				
-	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.							

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THE ART THERAPY PROJECT CORPORATION 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 13							
	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 O.							
b	Enter the number of voting members included on line 1a, above, who are independent 15							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
_	officer director tructee or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	Х					
Ū								
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
		6		X				
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21				
7a		7-		Х				
	more members of the governing body?	7a		Λ_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Х				
_	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37					
a	The governing body?	8a	X					
b	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 reached at the			37				
800	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 Revenue Code.)		1					
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х					
12a	,, ge te							
b	, , , , , , , , , , , , , , , , , , , ,							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b		<u> </u>				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply							
	X Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	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 books and records							
	MARTHA DORN - 212-592-2755							
	132 WEST 21ST STREET, 6TH FLOOR, NEW YORK, NY 10011							

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 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.

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

- 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.

(A) Name and title	(B) Average hours per		not c	Pos	more	than	one	(D) Reportable	(E) Reportable	(F) Estimated	
	week (list any	offi	box, unless person is both an officer and a director/trustee)					compensation from the	compensation from related organizations	amount of other compensation	
	hours for related	ee or direc	stee			nsated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	ŕ	and related organizations	
(1) MARTHA DORN	50.00	드	드	JO.	λ	글 등	윤				
EXECUTIVE DIRECTOR				х				111,621.	0.	20,754.	
(2) LAUREN CHRISTIAN	10.00									,	
CHAIR & TREASURER		Х		Х				0.	0.	0.	
(3) SARAH STALLER	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(4) ANALISA DILLINGHAM	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) DIANE L. DUCKLER	1.00	l									
DIRECTOR	1 00	Х						0.	0.	0.	
(6) DEBORAH FARBER, ATR-BC, LCAT	1.00	l									
DIRECTOR	1 00	Х				├		0.	0.	0.	
(7) ALLY MCARTHUR	1.00	.,									
DIRECTOR (8) SHERYL PUNIA	1.00	Х				\vdash		0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
(9) JEANETTE REECE	1.00	^						0.	0.	<u> </u>	
DIRECTOR	1.00	X						0.	0.	0.	
(10) DAVID RHODES	1.00	25				\vdash		•	•	•	
DIRECTOR	1100	х						0.	0.	0.	
(11) VAL SERENO	1.00	 									
DIRECTOR		Х						0.	0.	0.	
(12) NICOLE TURNER	1.00										
DIRECTOR		Х						0.	0.	0.	
(13) DAVID WILLHOIT	1.00										
DIRECTOR		Х						0.	0.	0.	
(14) LAUREN YOUNG	1.00										
DIRECTOR		Х						0.	0.	0.	
		1									
		-				_	-				
		1									
		1									
										= <u>000</u> (2222)	

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				,			,		ompensated Employee	,	
	(A)	(B)				(C)			(D)	(E)	(F)
	Name and title	Average Position (do not check more than one							Reportable	Reportable	Estimated
		hours per week		, unles					compensation	compensation	amount o
		(list any	_	T				,	from	from related	other
		hours for	lirect						the organization	organizations (W-2/1099-MISC/	compensati
		related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organizatio
		organizations	ruste	al trus		99/	mper		1099-NEC)	10001120)	and relate
		below	Individual trustee or director	Institutional trustee	<u>_</u>	key employee	st co oyee	ь	,		organizatio
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
			-								
											-
											1
b	Subtotal								111,621.	0.	20,75
	Total from continuation sheets to Part V								0.	0.	
d	Total (add lines 1b and 1c)								111,621.	0.	20,75
	Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
	compensation from the organization										
	compensation from the organization										Yes
	Did the organization list any former officer	•		•	•	•		_		•	
	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual									Yes 3
	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> sFor any individual listed on line 1a, is the s	such individual um of reportabl	 e cc	 mpe	nsa	tion	and	oth	er compensation from t	he organization	3
_	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for second related organizations greater than \$15	such individual um of reportabl 0,000? If "Yes,	e co	mple	ensa	tion	and and	oth	er compensation from the such individual	he organization	
	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some some some some some some some some	such individual um of reportabl 0,000? If "Yes, accrue comper	e co " co nsati	ompe mple on fr	ensate ete S	tion Sche	and andedule	oth	ner compensation from the compensation from the compensation or individual and organization organizatio	he organization	3
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for second related organizations greater than \$15	such individual um of reportabl 0,000? If "Yes, accrue comper	e co " co nsati	ompe mple on fr	ensate ete S	tion Sche	and andedule	oth	ner compensation from the compensation from the compensation or individual and organization organizatio	he organization	3
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest continues.	such individual um of reportabl 0,000? If "Yes, accrue comper nplete Schedule	e co " co nsati e J f	ompe mple on fr or su	ensate Som a	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation from the compensation or individual organization or individual at received more than \$	he organization dual for services	3 4 5 X
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors.	such individual um of reportabl 0,000? If "Yes, accrue comper nplete Schedule	e co " co nsati e J f	ompe mple on fr or su	ensate Som a	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation of such individual and organization or individual art received more than \$ the organization's tax y	he organization dual for services	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest continues.	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation from the compensation or individual organization or individual at received more than \$	he organization dual for services 100,000 of compens ear.	3 4 5 X
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su nder	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation or individual and organization or individual and received more than \$ the organization's tax y	he organization dual for services 100,000 of compens ear.	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su nder	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation or individual and organization or individual and received more than \$ the organization's tax y	he organization dual for services 100,000 of compens ear.	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su nder	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation or individual and organization or individual and received more than \$ the organization's tax y	he organization dual for services 100,000 of compens ear.	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su nder	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation or individual and organization or individual and received more than \$ the organization's tax y	he organization dual for services 100,000 of compens ear.	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su nder	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation or individual and organization or individual and received more than \$ the organization's tax y	he organization dual for services 100,000 of compens ear.	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince	e co " co nsati e J f	ompe mple on fr or su nder	ensate sete Secondaria sete sete secondaria	tion Sche any perso	and edule unre on	oth	ner compensation from the compensation or individual and organization or individual and received more than \$ the organization's tax y	he organization dual for services 100,000 of compens ear.	3 4 5 X ation from
ect	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some series on line 1a, is the some and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest contractors the organization. Report compensation for (A)	such individual um of reportabl 0,000? If "Yes, accrue comper inplete Schedule compensated ince the calendar yes address	le consati	mple mple on fr nder endir	ensati ete S om a uch p nt co ng wi	ontra	and dule unrecon actor with	oth J f	er compensation from the compensation or individual ed organization or individual ed organization or individual ed organization or individual ed organization et than \$ the organization's tax y (B) Description of s	he organization dual for services 100,000 of compens ear. services	3 4 5 X ation from

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
an		Membership dues 1b					
2 8			138,076.				
ifts Ir A		Related organizations 1d					
nis G		Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
her	_		424,855.				
O Ę	c	Noncash contributions included in lines 1a-1f	16,561.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	,	562,931.			
			Business Code				
ω	2 a	YOUTH ART PROGRAM	624100	27,670.	27,670.		
ķ	b	THE PRACTICE	624100	18,780.	18,780.		
Ser	c	WELLNESS PROGRAM	624100	9,200.	9,200.		
Program Service Revenue	c	MIXED TRAUMA	624100	9,020.	9,020.		
Be	e	SECONDARY TRAUMA	624100	8,800.	8,800.		
Pro	f	All other program service revenue	624100	14,075.	14,075.		
	ç			87,545.			
	3	Investment income (including dividends, interes	st, and	-			
		other similar amounts)		3,868.			3,868.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e		and sales expenses 7b					
/en	c	Gain or (loss)					
Re	c	Net gain or (loss)					
ther Revenue	8 a	Gross income from fundraising events (not					
₹		including \$138,076. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	8,860.				
	b	Less: direct expenses 8b	49,630.				
	c	Net income or (loss) from fundraising events		-40,770.			-40,770.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
\longrightarrow	C	Net income or (loss) from sales of inventory					
ဖွ			Business Code	=			
e e	11 a	CLUBS	900099	766.	766.		
Miscellaneous Revenue	b						
Sel.	C						
Μis	C	All other revenue		7.0			
		Total. Add lines 11a-11d		766. 614,340.	00 211	0	26 002
	12	Total revenue. See instructions		014,340.	88,311.	0.	-36,902.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 136,054. 102,041. 13,605. 20,408. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 239,269. 161,030. 6,472. 71,767. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 32,988. 18,905. 1,165. 12,918. Other employee benefits 9 35,828. 22,981. 2,160. 10,687. 10 Payroll taxes Fees for services (nonemployees): Management Legal 2,050. 20,500. 16,400. 2,050. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 58,779. 23,333. 5,274. 87,386. column (A), amount, list line 11g expenses on Sch O.) 2,224. 2,224. Advertising and promotion 12 9,377. 7,206. 1,135. 1,036. Office expenses 13 299. 299. Information technology 14 15 Royalties 16 Occupancy 3,319. 3,319. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,392. 1,244. 148. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,954. 1,954. Depreciation, depletion, and amortization 22 2,586. 4,805. 2,219. 23 Other expenses. Itemize expenses not covered 24 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 O.) 5,151. 5,151. ART SUPPLIES All other expenses 580,546. 404,119. 52,287. 124,140. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

	Charle if Cahadula O contains a response or no		December 19 1 - December 19			
	Check if Schedule O contains a response or no	te to an	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			248,229.	1	269,875
2					2	1,001
3				3	13,000	
4				8,910.	4	7,190
5						
	trustee, key employee, creator or founder, subs					
	controlled entity or family member of any of the	ns		5		
6	Loans and other receivables from other disqual	lified per	ons (as defined			
	under section 4958(f)(1)), and persons describe	d in sec	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a						
	basis. Complete Part VI of Schedule D	10a	5,862.			
b						2,931 84,936
11				81,068.		84,936
12						
13						
14	Intangible assets			4 4 2 4		2 221
15	Other assets. See Part IV, line 11			3,801		
16						382,734
17		26,568.		27,705		
		2 255		605		
			3,355.		685	
					21	
22						
		-				
	. ,					
			Г		24	
25		-				
		-			۱ ۵۰	
06				29 923		28,390
20	<u> </u>			27,723.	20	20,330
		eck fier				
27	• • • • •			299.550.	27	319,344
						35,000
						33,000
		550, CH	, ricie			
29		2	1		29	
				320.550.		354,344
33				350,473.	33	382,734
	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal trustee) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or form trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pparties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, ch and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or earlies and complete lines 29 through 33. Capital stock or tru	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former of trustee, key employee, creator or founder, substantial cocontrolled entity or family member of any of these persor of Loans and other receivables from other disqualified pers under section 4958(f)(1)), and persons described in section Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial cocontrolled entity or family member of any of these persor 10 Secured mortgages and notes payable to unrelated third payables to descured mortgages and notes payable to unrelated third payables to 3 Secured mortgages and notes payable to unrelated third payables to 3 Secured mortgages and notes payable to unrelated third 25 Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). of Schedule D 10 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions 10 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 10 Paid-in or capital surplus, or land, building, or equipment 10 Paid-in or capital surplus, or land, building, or equipment 10 Paid-in or capital surplus, or lan	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 5,862. b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other 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 25 Secured mortgages and notes payable to unrelated third parties 26 Other liabilities (including federal income tax, payables to related third parties 27 Other liabilities (including federal income tax, payables to related third parties 28 Other liabilities, Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances	2 Cash - non-interest-bearing 248 , 229. 2 Savings and temporary cash investments 1,000 . 3 Pledges and grants receivable, net 5 , 2.50 . 4 Accounts receivable, net 8,910 . 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(i)(ii), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,862 . 10 Less: accumulated depreciation 10b 2,931 . 4,885 . 11 Investments - publicy traded securities 11 Investments - publicy traded securities 12 Investments - other securities. See Part IV, line 11 Intrangible assets 15 Other assets. See Part IV, line 11 11 11 11 11 11 11 11 11 11 11 11 11	Cash - non-interest-bearing

Form **990** (2023)

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>4,3</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,5	$\frac{46.}{94.}$		
3							
4							
5	Net unrealized gains (losses) on investments	5					
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	35	4,3	<u>44.</u>		
Pai	t XII Financial Statements and Reporting						
	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						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
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?		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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	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?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			Y PROJECT COR					0-0631181		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The orga	nization is not a private found									
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4	A medical research organiz	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 the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organization that norma	ılly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in		
	section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	ınction with a	land-grant	college		
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
	university:									
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from		
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment		
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
	See section 509(a)(2). (Co	mplete Part III.)								
11	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on		
	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.			
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting		
_	organization. You must o	complete Part IV, Se	ections A and B.							
b _	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatior	n(s), by hav	ving		
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported		
	organization(s). You mus									
С	Type III functionally inte	=					y integrate	ed with,		
	its supported organization		·							
d L	Type III non-functionally						-			
	that is not functionally int	-		•		•	an attentiv	/eness		
	requirement (see instruct	•								
e L	Check this box if the orga					Type I, Type I	I, Type III			
	functionally integrated, or	• •	nally integrated supporting	ng organiz	ation.					
	ter the number of supported o	•	d avagaization(a)							
<u> 9</u> FI	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	ınization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization	(,	(described on lines 1-10	in your governi		support (see in	•	support (see instructions)		
			above (see instructions))	Yes	No					
Total										

332021 12-21-23

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.)

Sec	ction A. Public Support	,,		-			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	,,,	, ,	,,	. ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	582,687.	576,351.	540,303.	498,022.	562,931.	2760294.
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						
4	Total. Add lines 1 through 3	582,687.	576,351.	540,303.	498,022.	562,931.	2760294.
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,						
	column (f)						890,580.
	Public support. Subtract line 5 from line 4.						1869714.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	582,687.	576,351.	540,303.	498,022.	562,931.	2760294.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			3.	1,067.	3,868.	4,938.
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.)					766.	766.
11	Total support. Add lines 7 through 10						2765998.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	428,765.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		•	.,,		14	67.60 %
	Public support percentage from 2022					15	63.31 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
						Schedule A	(Form 990) 2023

(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 qualify under the tests listed below please complete Part II.)

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(3) 2020	(0) 2021	(4) 2022	(6) 2020	(i) rotal
-	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
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				-	1	
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
С	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	ret second third	fourth or fifth tax	vear as a section	-I 501(c)(3) organizatio	n
17	check this box and stop here	ŭ		•	•	. , . ,	· —
Sec	etion C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		15	%
						16	<u> </u>
	Public support percentage from 2022 ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)\		17	%
	Investment income percentage from 2					18	
ıya	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar	=	-	•			
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	 a. or 19b. check th 	ns box and see in	structions	

Т..

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.)

		Yes	NO
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	J		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
_		~ 000)	

Par	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?	1a		
b	A family member of a person described on line 11a above?	lb		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 Part VI 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 contained or rectifications, if any, applied to each power during the tax year.	1		
	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,			
Caat		2		
Seci	tion C. Type II Supporting Organizations	\neg		
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion D. All Type III Supporting Organizations	\neg	1	
			Yes	No
	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			
	, , , , , , , , , , , , , , , , , , , ,	1		
	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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). 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			
		3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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			
		а		
	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			
		b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		а		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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-function	ally integrated	d Type III supporting orga	nization (see
	inate actional	, 5	5 9-	`

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

THE ART THERAPY PROJECT CORPORATION 80-0631181 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not 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. 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 \$ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

THE ART THERAPY PROJECT CORPORATION

80-0631181

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$58,839.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	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
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>21,244.</u>	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE ART THERAPY PROJECT CORPORATION

80-0631181

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,500.	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
8		\$16,000.	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
9		\$ <u>15,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 11,500.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE ART THERAPY PROJECT CORPORATION

80-0631181

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	AUCTION ITEMS	-	
1		-	
		\$ 874.	10/20/23
(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
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -	
323453 12-26		_ \$	Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE ART THERAPY PROJECT CORPORATION 80-0631181 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

THE ART THERAPY PROJECT CORPORATION

Employer identification number 80-0631181

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i dilas ana otner accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
_	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 of		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	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 str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relativest floars develor to membering, inspecting,	Thanking or violations, and officioning con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1 3,	3	3
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	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		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

332051 09-28-23

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

	t III Organizations Maintaining Col						Similar A		JIIUI S (continu	
_	•								' (CONTINU	<u>iea)</u>
3	Using the organization's acquisition, accession	, and other record	s, check	any or the i	ollowing that	i make sigi	nincant us	e or its		
	collection items (check all that apply).		. —							
a	Public exhibition	d			hange progra					
b	Scholarly research	е	•	Other						
C	Preservation for future generations	aliana and annial		6 11 11-				in Deat	VIII	
4	Provide a description of the organization's colle							in Part	XIII.	
5	During the year, did the organization solicit or re								٦ ٧	
Dai	to be sold to raise funds rather than to be main t IV Escrow and Custodial Arrange								Yes	No
rai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part >		te if the	organization	answered "	Yes" on Fo	orm 990, P	art IV, II	ne 9, or	
	· · · · · · · · · · · · · · · · · · ·	·	diam (far	a a m t vi b u sti a m		ooto not in	aludad			
ıa	Is the organization an agent, trustee, custodian								7 v.s	□ Na
	on Form 990, Part X?							L	」Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII an	a complete the fol	llowing t	able:					Amount	
	Designation halous						4.		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
_	Distributions during the year						1e			
f	Ending balance								7	
	Did the organization include an amount on Form					•	//	🖵	⊻ Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. Cl t V Endowment Funds Complete if th									
ı uı		e organization ans (a) Current year		rior year			d) Three yea	re hack	(a) Four v	years back
4.		,	(5)	noi yeai	(C) TWO yea	13 Dack (a) Tillee yee	ii 3 Dack	(e) rour y	yours back
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities								ĺ	
_	and programs									
f	Administrative expenses									
g	End of year balance		<u> </u>		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curren	•	•	g, column (a)) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
3a	Are there endowment funds not in the possessi	on of the organiza	ation tha	t are held ar	nd administer	red for the			Г	
	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								3b	
Do:	Describe in Part XIII the intended uses of the or tVI Land, Buildings, and Equipmen		wment f	unds.						
Fai	Complete if the organization answered "		Dort IV	/ line 11e C	Farm 000	Dort V III	aa 10			
	· · · · · · · · · · · · · · · · · · ·							<u> </u>		
	Description of property	(a) Cost or o			or other		cumulated		(d) Book	value
		basis (investr	nent)	SISBU	(other)	aepr	eciation			
	Land									
	Buildings							-		
	Leasehold improvements				F 0.C0		2 02	, -		021
	Equipment				5,862.		2,93	L •		,931.
	Other									024
Total	. Add lines 1a through 1e. (Column (d) must equ	al Form 990. Part	X. line 1	0c. column	(B))				2	,931.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE ART THE.	RAPY PROJECT	CORPORATION	80-0631181 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial 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, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	on Form 000 Port IV line	11d Con Form 000 Port V line 15	
Complete if the organization answered "Yes"	Description	Fild. See Form 990, Part X, line 15.	(b) Pook volue
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	/ (D)\		
Part X Other Liabilities	. (D))		[
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(,, ==:::===============================
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

(6) (7) (8)

Λ	_	Λ	-	2	1	1	a	1	_	A
u	_	u	מ				O		Page (4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	793,031.		
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	2b	140,737.				
С	Recoveries of prior year grants	2c	10.500				
d	, , , , , , , , , , , , , , , , , , , ,	2d	49,630.		100 265		
	• • • • • • • • • • • • • • • • • • • •			2e	190,367. 602,664.		
3	Subtract line 2e from line 1			3	002,004.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ـه ا					
a	, , , , , , , , , , , , , , , , , , , ,	4a 4b	11,676.				
b	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	11 676.		
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,676. 614,340.		
	rt XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	n Expenses per P	,			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements			1	759,237.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	140,737.				
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIII.)	2d	49,630.				
е	Add lines 2a through 2d			2e	190,367.		
3	Subtract line 2e from line 1			3	568,870.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
a	, , , , , , , , , , , , , , , , , , , ,	4a	11 676				
b		4b	11,676.		11 676		
				4c	11,676. 580,546.		
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)rt XIII Supplemental Information			5	300,340.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h	and 2h: Part V line 4	· Part X	line 2: Part XI		
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			, 1 411 /	, III 6 2, 1 art Ai,		
	Zu and 15, and 1 arryin, into Zu and 15.7100 complete title part to provide any additi	orial irrior	madon.				
PAF	RT X, LINE 2:						
THE	E ORGANIZATION RECOGNIZES THE EFFECT OF INCO	T AMC	AX POSITION	S ON	ILY WHEN		
THE	EY ARE MORE LIKELY THAN NOT TO BE SUSTAINED	. MAN	AGEMENT HAS	DET	ERMINED		
mitz	AM MUE ODGANIZAMION HAD NO INGERMATN MAY DO	a = m = 0	NG MIINM MIIN	т т.т.с	NIII D		
T.H.F	AT THE ORGANIZATION HAD NO UNCERTAIN TAX POS	SITIO	NS THAT THA	T. MC	מחטו		
ם פיר	QUIRE FINANCIAL STATEMENT RECOGNITION AND/OR	ם חדם	רו הפווס פי שנו	.			
KEZ	QUIRE FINANCIAL STATEMENT RECOGNITION AND/OR	מוע א	CLOSORE. In	<u>r</u>			
ORG	SANIZATION IS NO LONGER SUBJECT TO TAX EXAM	тпапт	ONS FOR FIS	CAT.	PERTODS		
0110	MINISTER IN NO DONOLIN DODOLICI TO TIM LIMIT.		0110 1011 110	<u> </u>	TERTODO		
PR]	OR TO 2020.						
====							
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:						
FUI	FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII 49,630.						

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE ART THERAPY PROJECT CORPORATION Part XIII Supplemental Information (continued)	80-0631181 Page 5
COST OF DIRECT BENEFIT TO DONORS	11,676.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII	49,630.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF DIRECT BENEFIT TO DONORS	11,676.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE ART	THERAPY PROJECT C	ORPO	DRA	TION	80-0631	181			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custood or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) organization									
		Yes	No						
otal									
List all states in which the organizatio or licensing.	n is registered or licensed to solicit (contrib	utions	or has been notified	it is exempt from re	gistration			

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

Schedule G (Form 990) 2023

				JECT CORPORAT		0631181 Page 2	
Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.					
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2 BID TO CREATE CHANG (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	83,498.	-	21,692.	146,936.	
	2	Less: Contributions	75,253.	41,746.	21,077.	138,076.	
	3	Gross income (line 1 minus line 2)	8,245.		615.	8,860.	
	4	Cash prizes					
ű	5	Noncash prizes		1,501.	500.	2,001.	
kpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	11,075.		1,060.	12,135.	
	8	Entertainment Other direct expenses	10,888.	23,457.	1,149.	35,494.	
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	9 in column (d)			49,630. -40,770.	
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		
Revenue		\$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))	
_	1	Gross revenue					
Expenses	2	Cash prizes					
t Expe	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No No	No No		
		Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7					
9 Enter the state(s) in which the organization conducts gaming activities:							
		the organization licensed to conduct gaming ac No," explain:				Yes No	
	_						
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No	

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 THE ART THERAPY PROJECT CORPORATION 80-	06311	81 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,
•	The first the half and address of the person who propares the organization o garning special events been and records.		
	Name		
	- Name		
	Address		
	Address		
45.	Does the examination have a contract with a third party from whom the examination receives reming revenue?	☐ Ye	es No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	''	55 NO
Ľ	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ī	retain the state gaming license?	Ye	es No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — ·	
	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines	9 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ar III, III 103	3, 30, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	G (Form 990)	\mathtt{THE}	ART	THERAPY	PROJECT	CORPORATION	80-0631181	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(contin	ued)				
			(COITEII)	acay				
-								
-								
-								
-								
_								

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

THE ART THERAPY PROJECT CORPORATION

Employer identification number 80-0631181

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	, ,	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 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			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARTHA DORN	(i)	111,621.	0.	0.	0.	20,754.	132,375.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection **Employer identification number**

THE ART THERAPY PROJECT CORPORATION

80-0631181 Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Х 13,000. SELLING PRICE Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 100.COST Books and publications Х 4 349.COST Х Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 130.COST Х 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 2,982.DONATED VALUE (TICKETS Х 25 Other Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 _____29 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II.

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

Schedule M (Form 990) 2023

describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2023

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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE ART THERAPY PROJECT CORPORATION

Employer identification number

THE ART THERAPY PROJECT CORPORATION 60-06	21101
FORM 990, ITEM C, DOING BUSINESS AS:	
ART THERAPY OUTREACH CENTER	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
OF LIFE.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
IN JULY 2023 THE BOARD VOTED TO CLOSE THE PRACTICE PROGRAM.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
OTHERWISE NOT RECEIVE MENTAL HEALTH SERVICES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ADDITIONAL ART THERAPY PROGRAMMING PROVIDED THROUGHOUT THE YEAR S	ERVED
THE LGBQTIA+ COMMUNITY, FRONTLINE AND ESSENTIAL WORKERS, THOSE	
EXPERIENCING SECONDARY TRAUMA AND SURVIVORS OF SEXUAL ASSAULT.	
EXPENSES \$ 209,424. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,166	•
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBERS DEBORAH FARBER, VAL SERENO AND DAVID RHODES ARE ALI	С
EMPLOYEES OF THE SCHOOL OF VISUAL ARTS, WHERE DAVID RHODES SERVES	AS
PRESIDENT.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS INITIALLY REVIEWED BY THE EXECUTIVE DIRECTOR AND	THE BOARD
CHAIR/TREASURER. THE CHAIR PRESENTS THE FORM 990 TO THE FINANCE CO	OMMITTEE

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization
THE ART THERAPY PROJECT CORPORATION

Employer identification number 80-0631181

FOR REVIEW AND THEN TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO 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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization THE ART THERAPY PROJECT CORPORATION	Employer identification number 80-0631181
OF DIRECTORS. BUDGET APPROVAL IS NOTED IN THE MINUTES OF E	BOTH THE FINANCE
COMMITTEE AND BOARD OF DIRECTORS MEETINGS THAT TOOK PLACE	IN JANUARY 2023.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. 1	IN ADDITION,
FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S V	VEBSITE,
GUIDESTAR/CANDID AND BBB.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	55,602.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,602.
PROFESSIONAL DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	1,677.
MANAGEMENT AND GENERAL EXPENSES	818.
FUNDRAISING EXPENSES	486.
TOTAL EXPENSES	2,981.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,500.
MANAGEMENT AND GENERAL EXPENSES	22,515.
FUNDRAISING EXPENSES	4,788.
TOTAL EXPENSES	28,803.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	87,386. Schedule O (Form 990) 2023
332212 11-14-23	Juliedale O (Fulli 990) 2023

Schedule O (Form 990) 2023	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 RES	SPONSIBILITY
FOR THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTI	ON OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	THE PRIOR
YEAR.	