

Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

2023
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change American Art Therapy Association Name change 36-3823033 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 703-548-5860 4875 Eisenhower Avenue 240 1,364,756. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Alexandria, VA 22304 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Cynthia Young for subordinates? Yes X No same as C above Yes **H(b)** Are all subordinates included? Tax-exempt status: **X** 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions www.americanarttherapyassociation.org H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1969 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: The American Art Therapy Activities & Governance Association is a non-partisan, professional membership association. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 4,819. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 3,819. 7h Prior Year **Current Year** 122,241. 45,249. Contributions and grants (Part VIII, line 1h) 8 Revenue 1,100,794. 1,284,158. Program service revenue (Part VIII, line 2g) 24,123. 22,442. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 12,549. 12,907. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,259,707. 364,756. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 9,250. 32,000. 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) 572,174. 476,335. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 866,877. 956,234. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,464,569.1,448,301. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -188,594.-99,813. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 661,419. 570,684. Total assets (Part X, line 16) 686,899. 640,251. 21 Total liabilities (Part X, line 26) 三年 -25.480.-69,56722 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Cynthia Young, Executive Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/14/2024 if self-employed Jennica Jardine Whitfield Jennica U Oprolin Whitfild P01379267 Paid Firm's name Kositzka, Wicks and Company Firm's EIN 54-1342298 Preparer Firm's address 5270 Shawnee Road, Suite 250 Use Only

Alexandria, VA 22312

X Yes

Phone no. (703) 642-2700

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	The mission of the American Art Therapy Association is to advoc	ate for
	expansion of access to professional art therapists and lead the	nation
	in the advancement of art therapy as a regulated mental health	
	human services profession.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-EZ?	Tes _21_INU
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) org	kpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	436,676.)
	Conferences - AATA conducts an annual conference to provide trai	ning in
	best practices in art therapy for its members and other attended	
4b	(Code:) (Expenses \$ 327,929 • including grants of \$ 32,000 •) (Revenue \$	574,719.)
	Membership- AATA retains and attracts members through its outst	
	programs, membership benefits and services.	
	<u> </u>	
4c	(Code:) (Expenses \$ 368,354 • including grants of \$) (Revenue \$)	272,763. ₎
	Education and Research, Publications, Communications, and Publi	
	- AATA provides continuing education coursework, and brings att	ention
	to latest research through the research journal.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,208,813.	
		Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
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	<u> </u>		
·	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,	Ť		
•	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	_X_	_
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		<u> X</u>
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		Х
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	Х	
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	 -		
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII	IZa	- 21	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	
				-

Veri 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 27 // if "Yes," complete Schedule /, Part I and III 22 X X 2	Pa:	rt IV Checklist of Required Schedules _(continued)	033	Р	age 4
Part IX. column (A), line 2? If "res," complete Schedule I, Part I and III and former officers, directors, trustees, key employees, and highest compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 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 Docember 31, 2002? If "Yes," amount lines 25d through 25d and complete Schedule II. 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26c Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 26d Did the organization mixed any access and access and access and temporary approach exception? 26d Did the organization are access access to the than a refunding excrow at any time during the year? 26d Did the organization are access access to the than a refunding excrow at any time during the year? 26d Did the organization are access access to the transaction with a disqualified person of the access benefit transaction with a disqualified person of the organization engage in an excess benefit transaction with a disqualified person or proper dor any exert if the organization engage in an excess benefit transaction with a disqualified person or proper dor any exert if the organization engage in an excess benefit transaction with a disqualified person or payables to any current or former officer, director, trustee, levy employee, creator or founder, substantial contributor, or 35% controlled entity of remain member of any of these persons? If "Yes," complete Schedule I, Part IV instructions or employee thereof, a grant a fell-citic complete Schedule I, Part IV instructions or employee thereof or family member of any of these persons? If "Yes," complete Schedule I, Part IV instructions or spelicable filing thresholds, condition, and exceptions or spelica				Yes	No
23 Did the organization answer "Yea" to Part WI, Section A, line 3. 4, or 5, about compensation of the organization sournet and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," "complete Schedule J. 24 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 \$1, 2002? If "Yes," "answer lines \$250 through \$24 and complete Schedule K. If "No." to po taile \$250 25 Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding scrow at any time during the year? 26 Did the organization and the scrow account other than a refunding scrow at any time during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 18 the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I be 18 the organization ware and the time the transaction has not been reported on any of the organization spitor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, viustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or these persons? If "Yes," complete Schedule L, Part II bit to provide a grant or other assistance to any current or former officer, director, viustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV line 2 to business transaction with more of the following parties? Schedule L, Part IV line 2 to 18 A auriner of former officer, director, viustee, key employee	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Schedule / War 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 fine 25a. Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a retunding escrow at any time during the year of declase any tax exempt bonds? did Did the organization maintain an escrow account other than a retunding escrow at any time during the year? did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? did Did the organization aware that it engaged in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule I, Part I Dis the organization wave that it engaged in an excess benefit transaction with a disqualited person to the part of the schedule I. Part I are schedule. Part I are schedule I. Part II are schedule II are sc	23				
240 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.", or bine 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Obd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Obd the organization axis as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 25a Section 501(c)(3), 801(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discualified person in a prior year, and that the transaction was on the temporary period on any of the organization prior Forms 900 or 990-E27 if "Yes," complete Schedule I. Part I 25b Id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, fustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I. Part II 27b Did the organization provide a grant or other assistance to any current or former officer, director, fustee, key employee, creator or founder, substantial contributor or employee breard, 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 I. Part IV, instructions for applicable flips thresholds, conditions, and exceptions; a A current or former officer, director, fustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule II. Part IV, instructions for applicable flips thresholds, conditions, and exceptions; a A current or for		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l	37	
schedule K. If "No." got fore 25s. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization and at as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization are at a an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization are as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization are as an "on behalf of issuer for bonds outstanding at any time during the year? d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "yes," complete Schedule I, Part I b Is the organization awave 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 prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, frustee, key employee, coation or founder, substantial contributor, or 35% controlled entity of remity member of any of these persons? If "Yes," complete Schedule I, Part II 27c VIII and the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor or to a 35% controlled entity of mounds, substantial contributor or payables be schedule L. Part IV. 28c Was the organization party to a business transaction with one of the following parties? (See the Schedule L. Part IV. 28d A answer of former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV. 28d A answer organization receive c			23	X	-
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 258 Section 501(3)8, 501(4)9, and 501(4)9	·		240		
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	d				
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 organizations prior Forms 990 or 990-E27 // 1*Yes, *complete Schedule L, Part I // 25 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? // 1*Yes, *complete Schedule L, Part II // 25 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 any of these persons? // 1*Yes, *complete Schedule L, Part II // 26 Z/ 27 Z/ 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part III // 28 Z/ 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III // 28 Z/ 28 Z/ 29 Did the organization report of former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 1*Yes,* *complete Schedule L, Part IV // 28 Z/ 28 Z/ 28 Z/ 29 Did the organization receive more than \$25,000 in noncash contributions? // 1*Yes,* *complete Schedule L, Part IV // 28 Z/ 29 Did the organization receive more than \$25,000 in noncash contributions? // 1*Yes,* *complete Schedule L, Part II // 29 Z/ 29 Did the organization receive more than \$25,000 in noncash contributions? // 1*Yes,* *complete Schedule L, Part II // 29 Z/ 29 Did the organization receive more than \$25,000 in noncash contributions? // 1*Yes,* *complete Schedule L, Part II // 29 Z/ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 1*Yes,* *complete Schedule L, Part II // 27 Z/ 28 Z/ 28 Z					
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 sprior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I			25a		X
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 Zi Zi Zi Zi Zi Zi Zi Zi Zi Z	b				
Schedule L, Part I 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 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			25b		X
controlled entity or family member of any of these persons? f "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? f "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	26				
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 38% controlled entity (including an employee thereof) of family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X c A 359% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N 291 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 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 II, III, or IV, and Part V, line 1 34 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
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entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions); a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c 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 X 30 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 X 34 Was the organization ovn 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X 36 Section 501((c)) organizations on but the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. If the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11 b and 19	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. c 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		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c 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 X 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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, III, or IV, and Part V, line 1 32 A 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 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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)? 35 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule C and provide explanations on Schedule O for Part VI, lines 11b and 19? Yes Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b an					
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Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 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	С				- v
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contributions? If "Yes," complete Schedule M 30		• •	29		
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		20		×
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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 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 X 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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (applicable with part of parts withparts?)	35a		35a		Х
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 X 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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
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 X 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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 X 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		If "Yes," complete Schedule R, Part V, line 2	36		X
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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
Note: All Form 990 filers are required to complete Schedule O Part 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Part 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 Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (campling) winnings to prize winners?	38		1		
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Dai		38	Х	
Tall Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (campling) winnings to prize winners?	Pal				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to prize winners?		Uneck if Schedule U contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to prize winners?	,	Enter the number was stadily have 0 of Form 1000 Fates 0 Was to surplicated.		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to prize winners?			-		
(gambling) winnings to prize winners?		Enter the number of Forms wize included of line 1a. Enter of infortablicable	-		
	C	(gambling) winnings to prize winners?	10	х	

Form 990 (2023) American Art Therapy Association

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	2a	13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	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 A	ccour	its (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_ <u>X</u> _
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			37
	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 contributi		-	٥.		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	ruiooo	arouidad to the navor?	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uirod	7.0		
·	to file Form 8282?	as req	ulleu	7с		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		~·	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	•	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
ъ 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.			iou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	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 ac					
	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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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.

	Chief (Co.) and the Company of the Control of the C			X				
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Λ				
Sec	tion A. Governing body and Management							
			Yes	No				
та	Enter the number of voting members of the governing body at the end of the tax year 11	1						
	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 1b 10	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_				
6	Did the organization have members or stockholders?	6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
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							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This Section B requests information about policies not required by the internal nevertice Gode.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
b	and have the state of the state	10b	х					
110		11a	X					
11a		па	Λ					
10-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	v					
	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	X					
	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 AK, AL, AR, CA, CO, CT, DC, FL, GA	,IL	KS,	KY				
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))							
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •						
	X Own website 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	d finan	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							
	The Organization - 703-548-5860							
	4875 Eisenhower Avenue, 240, Alexandria, VA 22304							
332006	See Schedule O for full list of states	Form	990	(2023)				

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		Jiya	ıııza			ibell	Jalt			(E)		
(A)	(B)				(C) Position			1		(D)	(E)	(F)
Name and title	Average hours per		not c	neck i	more	than o		Reportable compensation	Reportable compensation	Estimated amount of		
	week					s both r/trus		from	from related	other		
	(list any	tor						the	organizations	compensation		
	hours for	direc				- D		organization	(W-2/1099-MISC/	from the		
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Itrus	nal trı		oyee	om pe		1099-NEC)		and related		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
	line)	hul	lns	0#	Ke	e Fig	For					
(1) Cynthia Young	50.00	-						166 615	•	6 040		
Executive Director	2 00			Х				166,615.	0.	6,243.		
(2) Micahel Galarraga	3.00	ļ										
Director	2 00	Х						0.	0.	0.		
(3) Nadia Paredes	3.00	ļ										
President-Elect	2 00	Х		Х				0.	0.	0.		
(4) Miki Nishida Goerdt	3.00								•			
Director	2 00	Х						0.	0.	0.		
(5) Jennifer DeLucia	3.00	.,										
Director	2 00	Х						0.	0.	0.		
(6) Girija Kaimal	3.00	. ,		37					0	_		
President (7) Kalla Burna	3.00	Х		X				0.	0.	0.		
(7) Kelly Burns Director	3.00	х						0.	0.	0.		
(8) Raquel Farrel-Kirk	3.00	Δ						0.	0.	· ·		
Secretary	3.00	Х		Х				0.	0.	0.		
(9) Rachel Mims	3.00	25		22					0.	<u> </u>		
Director	3.00	х						0.	0.	0.		
(10) Maru Serricchio-Joiner	3.00	T							0.1			
Director		х						0.	0.	0.		
(11) MaryGrace Berberian	3.00							-	-	-		
Treasurer		Х		Х				0.	0.	0.		
		1										
		1										
							L					
		1										

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(F)

Estimated

amount of

other

from the

and related

6.243

			res	NO
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4				
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
600	tion D. Independent Contractors			

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but i	not limited to those listed	l above) who received more than	

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\$100,000 of compensation from the organization

American Art Therapy Association 36-3823033 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 45,249. 1f g Noncash contributions included in lines 1a-1f 45,249. h Total. Add lines 1a-1f **Business Code** 574,719. 2 a Membership dues 900099 574,719. Program Service Revenue b Conferences and worksh 900099 436,676. 436,676. 189,509. c Program fees 900099 189,509. d Publications 900099 83,254. 83,254. f All other program service revenue ,284,158. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,442. 22,442. other similar amounts) Income from investment of tax-exempt bond proceeds 1,986. 1,986. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue 7с c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 6,102 11 a Other Income 900099 6,102. 900099 4,819. 4,819. b Newsletter/Website Adv d All other revenue

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10,921.

1,364,756.1,284,158.

e Total. Add lines 11a-11d

Total revenue. See instructions

4,819.

Sect	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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	17,000.	17,000.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	15,000.	15,000.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	170 050	104 246	27 040	10 570						
	trustees, and key employees	172,858.	124,346.	37,940.	10,572.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	235,179.	160 175	F1 610	14,385.						
7	Other salaries and wages	433,173.	169,175.	51,619.	14,303.						
8	Pension plan accruals and contributions (include	1,614.	1 161	354.	99.						
•	section 401(k) and 403(b) employer contributions)	33,909.	1,161. 24,393.	7,442.	2,074.						
9 10	Other employee benefits	32,775.	23,578.	7,193.	2,004.						
10	Payroll taxes	34,113.	23,370•	7,193.	2,004.						
11	Fees for services (nonemployees):	86,277.	84,287.	1,774.	216.						
	Management Logol	21,150.	15,215.	4,641.	1,294.						
	Legal	111,716.	80,360.	24,836.	6,520.						
	Accounting	111,710.	00,300.	24,030.	0,520.						
	Lobbying Professional fundraising services. See Part IV, line 17										
f	Investment management fees	2,964.		2,964.							
g g		2,3020		2,3020							
9	column (A), amount, list line 11g expenses on Sch 0.)	247,647.	226,070.	17,478.	4,099.						
12	Advertising and promotion										
13	Office expenses	140 554	110 076	16.060	4 (10						
14	Information technology	140,554.	119,076.	16,860.	4,618.						
15	Royalties	FC 1F2	40 205	10 204	2 424						
16	Occupancy	56,153.	40,395.	12,324.	3,434.						
17	Travel	156,633.	151,794.	4,238.	601.						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	60,953.	60,953.								
19	Conferences, conventions, and meetings	00,333.	00,333.								
20	Interest Payments to affiliates										
21 22	Payments to affiliates Depreciation, depletion, and amortization	7,838.	5,638.	1,720.	480.						
23		17,357.	14,916.	1,909.	532.						
23 24	Other expenses. Itemize expenses not covered	11,551	II, JIU •	1,505.	332.						
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),										
	amount, list line 24e expenses on Schedule 0.)										
а	Fees	42,294.	32,557.	6,969.	2,768.						
b	Other expenses	4,698.	2,899.	1,575.	224.						
С											
d											
е	All other expenses	1 464 560	1 000 010	201 026	F2 000						
25	Total functional expenses. Add lines 1 through 24e	1,464,569.	1,208,813.	201,836.	53,920.						
26	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 (2022)						

Form **990** (2023)

ı aı	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			98,336.	1	70,265
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	47,040.	4	65,840		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			30,000.	8	26,940
ĕ	9				59,545.	9	52,580
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		158,756.			
	b	Less: accumulated depreciation	10b	151,617.	14,977.	10c	7,139 305,939
	11	Investments - publicly traded securities			315,736.	11	305,939
	12	Investments - other securities. See Part IV, line 3	l 1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	95,785.	15	41,981		
	16	Total assets. Add lines 1 through 15 (must equ	661,419.	16	570,684		
	17	Accounts payable and accrued expenses	197,378.	17	237,095		
	18	Grants payable				18	0.45 650
	19	Deferred revenue			370,472.	19	345,650
	20	Tax-exempt bond liabilities			15 416	20	45 650
	21	Escrow or custodial account liability. Complete			17,416.	21	15,679
es	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	i 17-24)	. Complete Part X	101 622		41 007
		of Schedule D			101,633.		41,827
	26	Total liabilities. Add lines 17 through 25			686,899.	26	640,251
s		Organizations that follow FASB ASC 958, che	ck her	e X			
Jce		and complete lines 27, 28, 32, and 33.			-106,345.		120 402
alaı	27				80,865.		-138,482 68,915
9	28	Net assets with donor restrictions			00,003.	28	00,913
<u>.</u>		Organizations that do not follow FASB ASC 9	58, cne	ck nere			
ᇹ		and complete lines 29 through 33.				00	
Sic	29	Capital stock or trust principal, or current funds				29	
1886	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			-25,480.	31	-69,567
ž	32 33	Total net assets or fund balances			661,419.	32 33	570,684

Pa	rt 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)		<u>1,36</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	1,46	4,5	<u>69.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,4	
5	Net unrealized gains (losses) on investments	5	5	5 , 7	26.
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	-6	9,5	67.
Pa	rt 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	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Х	
	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 Sche	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)

SCHEDULE A

(Form 990)

Total

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

American Art Therapy Association 36-3823033 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax reversues levied for the organization is 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 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subsettiles 5 ten like 4. Section B. Total Support description in the second column of the secon	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the property of the portion of total contributions by each person (other than a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 povernmental unit or publicly supported organization junctuded on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Jubinet line's sensitive 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from line 4 8 Gross income from line 4 8 Gross income from line's secreted on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the 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) 1 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years, if the Form 900 is for the organization's first, second, third, fourth, or lifth tax year as a section 501c(x) organization, check this box and stop here. The organization qualifies as a publicly support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 15 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 15 14 15 15 33 1/3% support test - 2022. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization ind din ot check a box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization		membership fees received. (Do not						
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AS BY A COUNTY OF THE PROPERTY		-		-	• •	•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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Schedule A (Form 990) 2023 American Art Therapy Association | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	ciow, picase comp	ioto i uit ii.j				
	endar 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.")	547,593.	664,927.	570,477.	686,833.	619,968.	3089798.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				501,615.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5	1145465.	1077674.	1013758.	1188448.	1335509.	5760854.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons	1,925.	2,100.	1,925.	2,100.	1,750.	9,800.
t	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						0.
	Add lines 7a and 7b	1,925.	2,100.	1,925.	2,100.	1,750.	9,800.
	Public support. (Subtract line 7c from line 6.)	-	-	-		-	5751054.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1145465.	1077674.	1013758.	1188448.	1335509.	5760854.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	51,790.	52,053.	60,164.	33,927.	24,428.	222,362.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	51,790.	52,053.	60,164.	33,927.	24,428.	222,362.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	3177300	3270334	00/1010	3373270	21/1200	22273021
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1197255.	1129727.	1073922.	1222375.	1359937.	5983216.
14	First 5 years. If the Form 990 is for the	•				. , . ,	
60	check this box and stop here	o Cumport Dor					
	ction C. Computation of Publi			-1 (6)		45	96.12 %
	Public support percentage for 2023 (li	, , , , , ,	,	(, ,		15	0 = 4 0
	Public support percentage from 2022 ction D. Computation of Inves		•			10	95.10 %
	Investment income percentage for 20			ne 13 column (f))		17	3.72 %
	Investment income percentage from 2		18	4.69 %			
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						v
k	33 1/3% support tests - 2022. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, check	ck this box and st e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	

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		
	2-		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	- 1-		
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	8		
	9a		
	9b		
	9с		
	10a		
	150		
	10b		
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Schedule A (Form 990) 2023

ı uı	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?	а		
b	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 conditions or restrictions, if any, applied to such powers during the tax year.	J		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	<u>:</u>		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	J		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	<u>:</u>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion	s)	
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			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	a I		

	dule A (Form 990) 2023 American Art Therapy As			36-3823033 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Evenes from 2023				

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2023

Employer identification number

American Art Therapy Association 36-3823033 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 X 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** 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

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

American Art Therapy Association

36-3823033

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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

American Art Therapy Association

36-3823033

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
	23	 \$	Schedule R (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** 36-3823033 American Art Therapy Association 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 American Art Therapy Association **Employer identification number** 36-3823033

Par	t I Organizations Maintaining Donor Advised Fun	ds or Other Similar	Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	hat the assets held in do	nor advised fund	ls
	are the organization's property, subject to the organization's exclusive	ve legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant fund	ls can be used or	nly
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other	purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Fo	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (che			
	Preservation of land for public use (for example, recreation or	education) Prese	rvation of a histo	orically important land area
	Protection of natural habitat	Prese	rvation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in	the form of a cor	
	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure i			2c
d	Number of conservation easements included on line 2c acquired after			
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminat	ed by the organiz	zation during the tax
	year	to to control		
4	Number of states where property subject to conservation easement			
5	Does the organization have a written policy regarding the periodic m	- · · · · · · · · · · · · · · · · · · ·	_	Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handlin			
U	Stan and volunteer flours devoted to morntoning, inspecting, narround	g or violations, and emor	cing conservation	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations and enforcing	conservation eas	sements during the year
•	7 thouse of expenses incurred in mornioning, inspecting, harding or	violations, and emoroling	conservation cas	sements daming the year
8	Does each conservation easement reported on line 2d above satisfy	the requirements of sect	ion 170(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease			
	balance sheet, and include, if applicable, the text of the footnote to		•	
	organization's accounting for conservation easements.	3		
Par		Historical Treasure	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not t	o report in its revenue sta	atement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public exh	bition, education, or rese	arch in furtheran	ice of public
	service, provide in Part XIII the text of the footnote to its financial sta	tements that describes t	hese items.	
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenue statem	nent and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or resear	ch in furtherance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u> </u>
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures,			
	the following amounts required to be reported under FASB ASC 958	relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for Fo			Schedule D (Form 990) 2023

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,255.	1,255.	0.
d Equipment		21,760.	15,050.	6,710.
e Other		135,741.	135,312.	429.
Total. Add lines 1a through 1e. (Column (d) must equa	7,139.			

Schedule D (Form 990) 2023

	t Therapy Ass	ociation	36-3823033 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	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"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1)			•
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) Operating lease right-of-			41,981.
	abe abbee		41,501.
(2)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	((D))		41,981.
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		41,901.
Complete if the organization answered "Yes"	on Form 000 Port IV line	110 or 11f Coo Form 000 Bort V line	25
(a) Description of liability	on Form 990, Part IV, line	THE OF THE SEE FORM 990, Part A, IIII	(b) Book value
			(b) Book value
(1) Federal income taxes			41 007
(2) Operating lease obligatio	112		41,827.
(3)			
(4)			
(5)			

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

Schedule D (Form 990) 2023

41,827.

(6) (7) (8)

6	-3	R	2	3	n	3	3	Page 4
()		()	/.	.)	.,	.)	.)	Page

Pai	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line		revenue per Re	turn	
1				1	1,417,517.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , , -
a	Net unrealized gains (losses) on investments	2a	55,726.		
b	Donated services and use of facilities		•		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	55,726.
3	Subtract line 2e from line 1			3	55,726. 1,361,791.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,965.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	2,965.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,965. 1,364,756.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Returr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,461,604.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	l I			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,461,604.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,965.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	2,965. 1,464,569.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,464,569.
Pa	t XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
Das	ot III line Oh.				
Pal	rt IV, line 2b:				
Th	Association collects dues on behalf of	certain	ahantera a	nd +	hen nave
1116	e Association Collects dues on Denail of	Certain	chapters a	iiu (lien pays
+ha	a amount out to the chanters				
CIIC	e amount out to the chapters.				
Paı	ct X, Line 2:				
The	Association performed an evaluation of	uncertai	n tax posi	tion	ns for the
	•		<u> </u>		
yea	ar ended December 31, 2023 and determine	d that th	ere were n	o ma	atters
tha	at would require recognition in the fina	ncial sta	tements or	tha	at may
,					
hav	ve any effect on its tax-exempt status.				
<u>Pa</u> ı	rt X, Line 21				
1					
The	Association collects dues for certain	cnapters	and remits	the	ese dues

Schedule D (Form 990) 2023

Schedule D Form 990 2023 American Art Therapy Association 36-3823033 Page 5 Part XIII Supplemental Information (continued) on a monthly basis.	Schedule D (Form 990) 2023	American A	Art	Therapy	Association	36-3823033	Page 5
	Part XIII Supplemental Inform	nation (continued	/)				
on a monthly basis.		Toominaca	·/				
OI A MODIFIED PARTY.	on a monthly bagin						
	on a monthry basis.						
	-						
	-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization American Art Therapy Association							Employer identification number 36-3823033		
Part I General Information on Grants a		py Associat	1011				30-3023033		
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance? ocedures for moni	toring the use of grant	funds in the United	States.			X Yes No		
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
The Uvalde Love Project - La Pena									
227 Congress Avenue Austin, TX 78701	74-2338590	501(c)(3)	16,000.	0.	FMV		Community Art Therapy		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-	~	e line 1 table				1.		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships and research awards	20	15,000.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part I, Line 2:					

The Association's board of directors appoints the scholarship committee,

the research committee and the government affairs committee to oversee the

process of selecting scholarship winners, research award recipients, and

chapter grants. The committees set specific criteria and announce the

availability of scholarships and grant funds. The committees are comprised

of independent members of the association who do not have a conflict of

interest. They are responsible for evaluating all applications and making

award decisions.

SCHEDULE J (Form 990)

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.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number

American Art Therapy Association

Part I Questions Regarding Compensation

36-3823033

			Yes	No
1 a	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 Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
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		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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.

36-3823033

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other compensation reportable			reported as deferred on prior Form 990
(1) Cynthia Young	(i)	166,615.	0.	0.	4,931.	1,312.	172,858.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Tartin Ouppemental 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.
Part I, Line 3:
The compensation of the executive director is established by the finance
committee and approved by the board of directors. The Association utilizes
salary surveys of comparable positions in similar areas and an analysis of
similar positions' pay levels in the marketplace. The board of directors
conducts the annual evaluation of the executive director's performance
against performance objectives and makes salary adjustments based on the
ability of the association to provide additional compensation for
performance.

SCHEDULE O (Form 990)

Department of the Treasury

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

American Art Therapy Association

Employer identification number 36-3823033

Form 990, Part I, Line 1, Description of Organization Mission:

The mission is to advocate for expansion of access to professional art

therapists and lead the nation in the advancement of art therapy as a

regulated mental health and human services profession.

Form 990, Part III, Line 1, Description of Organization Mission:

The Association was formed to encourage the highest quality of art
therapy services to the public; facilitate communication among members
and colleagues; support state and federal legislative efforts that
impact art therapy; disseminate information to the general public; and
recognize excellence in art therapy in clinical, professional,
educational, and research efforts. The Association provides education
and research guidance to its members through various means, including
an annual conference, on-line education, newsletters, the Art Therapy:
Journal of the American Art Therapy Association, its website, and other
communications.

Form 990, Part VI, Section A, line 6:

The classes of members with rights to elect members of the governing body are: professional, credentialed professional, new professional, retired professional and honorary life.

Form 990, Part VI, Section A, line 7a:

The classes of members with rights to elect the members of the governing

body are: professional, new professional, retired professional, and

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 American Art Therapy Association **Employer identification number** 36-3823033

honorary life. each member class with the ability to elect the board of directors has the same following rights: they are eligible to vote, hold office, serve on committees and attend the annual meeting.

Form 990, Part VI, Section A, line 7b:

Only eligible members vote on any changes to the bylaws of the Association.

Form 990, Part VI, Section B, line 11b:

Copies of the federal form 990 are provided to the treasurer of the board of directors, who reviews it with the finance committee and the board of directors. After comments are considered and questions addressed, the federal form 990 is submitted to the internal revenue service. It is also posted on the Association's website for public viewing.

Form 990, Part VI, Section B, Line 12c:

Annually the board of directors are required to review any conflict of interest they foresee and understand the need to identify conflicts as they may arise in the execution of their responsibilities. Each signs an acknowledgement that they abide by the conflict of interest policy. Those with a conflict must excuse themselves from discussions or from taking actions on the matter in question.

Form 990, Part VI, Section B, Line 15:

The compensation of the executive director is established and approved by the board of directors. The Association utilizes salary surveys of comparable positions in similar areas and an analysis of similar positions' pay levels in the marketplace. The board of directors conducts the annual evaluation of the executive director's performance against performance

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** American Art Therapy Association 36-3823033 objectives and makes salary adjustments based on the ability of the association to provide additional compensation for performance. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK, AL, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NJ, NM, NY, OH, OR PA, RI, SC, TN, UT, VA, WI, WV Form 990, Part VI, Section C, Line 19: AATA makes its governing documents, conflict of interest policy, and audited financial statements available to the public upon request. The audited financial statements and federal form 990 are also available to the public on the association's website. Form 990, Part IX, Line 11g, Other Fees: Professional fees: 223,092. Program service expenses Management and general expenses 15,386. Fundraising expenses 3,897. Total expenses 242,375. Professional development: Program service expenses 2,978. Management and general expenses 2,092. Fundraising expenses 202. 5,272. Total expenses Total Other Fees on Form 990, Part IX, line 11g, Col A 247,647. Form 990, Part XII, Line 2c

39

08521114 786335 9678.001

Scried	ule O (Form 990) 2023)						Page 2
	of the organizati	on		rt '	Therapy Asso	ciation			Employer identification number 36-3823033
The	process	of	selecting	an	independent	accountant	has	not	changed.

Extended to November 15, 2024 **Exempt Organization Business Income Tax Return** Form 990-T OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2023 or other tax year beginning Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) Check hox if address changed. **B** Exempt under section Print | American Art Therapy Association 36-3823033 Group exemption numbe (see instructions) X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. Type 7220(e) 4875 Eisenhower Avenue, 240 408(e) 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code _529A]529(a) [Alexandria, VA 22304 Check box if 570,684. C Book value of all assets at end of year. an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust Check organization type State college/university 6417(d)(1)(A) Applicable entity Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800 Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation 703-548-5860 The Organization The books are in care of Telephone number Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 4,819. 1 Reserved 2 2 4,819 Add lines 1 and 2 3 3 Charitable contributions (see instructions for limitation rules) 4 4 4,819. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 Deduction for net operating loss. See instructions 6 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 4,819. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 Trusts. Section 199A deduction. See instructions 9 Total deductions. Add lines 8 and 9 10 1,000 10 3,819. Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 11 Part II **Tax Computation** 802. Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Schedule D (Form 1041) Part I, line 11, from: Tax rate schedule or 3 Proxy tax. See instructions 3 4 4 Other tax amounts. See instructions 5 Alternative minimum tax 5 Tax on noncompliant facility income. See instructions 6 802. Total. Add lines 3 through 6 to line 1 or 2, whichever applies Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a Other credits (see instructions) 1b General business credit. Attach Form 3800 (see instructions) 1c Credit for prior-year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 1a through 1d 802. Subtract line 1e from Part II. line 7 2 Amount due from Form 4255 3b Amount due from Form 8611

LHA For Paperwork Reduction Act Notice, see instructions. 323701 11-20-23

Current net 965 tax liability paid from Form 965-A, Part II, column (k)

Total tax. Add lines 2 and 3f (see instructions).

Total amounts due. Add lines 3a through 3e

Form 990-T (2023)

3f

5

0.

802.

section 1294. Enter tax amount here

Check if includes tax previously deferred under

Amount due from Form 8697

Amount due from Form 8866
Other amounts due (see instructions)

3c 3d Form 990-T (2023) Page 2

Part	III Tax and Payments (continued)						r age Z
6 a	Payments: Preceding year's overpayment cred	ited to the current year	6a				
b	Current year's estimated tax payments. Check	•	Ga				
b	applies		6b				
С							
d	Foreign organizations: Tax paid or withheld at s	source (see instructions)					
e e	Backup withholding (see instructions)						
f	Credit for small employer health insurance prer	. () , , , , , , , , , , , , , , , , , ,					
	Elective payment election amount from Form 3						
g							
h :	Payment from Form 2439						
	Credit from Form 4136						
, 7	Other (see instructions) Total payments. Add lines 6a through 6j				7		
8	Estimated tax penalty (see instructions). Check				8		48.
9	Tax due. If line 7 is smaller than the total of line				9		850.
10	Overpayment. If line 7 is larger than the total of				10		050.
11	Enter the amount of line 10 you want: Credited		, c. paid	Refunded	11		
Part			ation (see i				
1	At any time during the 2023 calendar year, did			· · · · · · · · · · · · · · · · · · ·		Ye	s No
	over a financial account (bank, securities, or ot						
	FinCEN Form 114, Report of Foreign Bank and	, , ,	· ·	•			
	here	,		3			х
2	During the tax year, did the organization receiv	e a distribution from, or was it the	grantor of, or tr	ansferor to, a			
	foreign trust?		-				х
	If "Yes," see instructions for other forms the or						
3	Enter the amount of tax-exempt interest receive			\$			
4	Enter available pre-2018 NOL carryovers here	\$ Do r			ryover		
	shown on Schedule A (Form 990-T). Don't redu	ice the NOL carryover shown here	by any deducti	on reported on Part	I, line 6	3.	
5	Post-2017 NOL carryovers. Enter the Business	Activity Code and available post-2	017 NOL carry	overs. Don't reduce			
	the amounts shown below by any NOL claimed	d on any Schedule A, Part II, line 17	for the tax year	ar. See instructions.			
	Business Activity Co	de	Availa	ble post-2017 NOL	carryov	er	
			\$				
			\$				
			\$				
			\$				
6 a	Reserved for future use						
Part	V Supplemental Information						
Provide	e any additional information. See instructions.						
	Under penalties of perjury, I declare that I have examined	this return including accompanying ashedules	and statements, and	to the best of my knowled	las and he	aliaf it in true	
Sign	correct, and complete. Declaration of preparer (other than				ige and be	mor, it is a do,	
Here		Fyer	utive Di	irector	•	discuss this retur	
	Signature of officer	Date Title	ucive Di			shown below (see	e No
	Print/Type preparer's name	Preparer's signature	Date	Check if			140
	Jennica Jardine	Freparer S Signature	Date	self-employed		1	
Paid	trhitfield ODA			Sen-employed	PΩ	0137926	7
Prepa	TZ = m 2 + -1- = T.72	cks and Company	1	Firm's EIN		$\frac{3137320}{4-13422}$	
Use C		ee Road, Suite 250)	I IIIII 3 LIIV		. 19100	
	Firm's address Alexandria		•	Phone no. (703)	642-2	700
	11101101101101	,		1 (/		

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

American Art Therapy Association

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

B Employer identification number

36-3823033

	nrelated business activity code (see instructions) 54180	0		D Sequ	ience: 1	of 1
	escribe the unrelated trade or business ADVERTISING					
Pai	t I Unrelated Trade or Business Income		(A) Income	(В) Ехр	enses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
	Cost of goods sold (Part III, line 8)	2				
	Gross profit. Subtract line 2 from line 1c	3				
а	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
;	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
;	Rent income (Part IV)	6				
•	Unrelated debt-financed income (Part V)	7				
3	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
,	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
)	Exploited exempt activity income (Part VIII)	10				
	Advertising income (Part IX)	11	4,819.			4,819
	Advertising moonie (i are by					
•	Other income (see instructions: attach statement)	12	,			-/
}	Other income (see instructions; attach statement) Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct		4,819.	ductions. [Deductions r	4,819
	Total. Combine lines 3 through 12 t II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	ions for come	4,819.			4,819
}	Total. Combine lines 3 through 12 t II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ions for come	4,819.		1	4,819
aı	Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	ions for come	4,819.		1	4,819
'aı	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	ions for	4,819.		1 2 3	4,819
Pai	Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages	ions for	4,819.		1 2 3	4,819
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions	ions for come	4,819.		1 2 3 4 5 5	4,819
Pai	Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses	ions for come	4,819.		1 2 3 4 5 5	4,819
Pai	Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions	ions for come	4,819. Imitations on dec		1 2 3 4 5 5	4,819
Pai	Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses	ions for come	4,819. Imitations on dec		1 2 3 4 5 5	4,819
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion	ions for come	4,819. Ilmitations on dec		1 2 3 4 5 6 8b 9	4,819
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans	ions for come	4 ,819 . r limitations on dec		1 2 3 4 5 6 8b 9 10	4,819
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	ions for come	4 , 819 . flimitations on dec		1 2 3 4 5 6 8b 9 10 11	4,819
Pai	Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	ions for come	4,819. Ilmitations on dec		1 2 3 4 5 6 8b 9 10 11 12	4,819
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	ions for come	4,819. Ilmitations on dec		1 2 3 4 5 6 8b 9 10 11 12	4,819
Pal	Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	ions for come	4,819. Ilmitations on dec		1 2 3 4 5 6 8b 9 10 11 12 13	4,819 nust be
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions, Add lines 1 through 14	ions for come	4,819. Ilmitations on dec		1 2 3 4 5 6 8b 9 10 11 12 13 14	4,819 nust be
Pai	Total. Combine lines 3 through 12 Tell Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Total deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction. S	ions for come	4 , 819 . r limitations on decompositions of decompositions on de	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	4,819 nust be
Pai	Total. Combine lines 3 through 12 III Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement). See instructions Taxes and licenses Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions, Add lines 1 through 14	ions for come	4 , 819 . r limitations on decompositions on de	3,	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	4,819

	1
Page	2

Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on		r ago <u>=</u>
1				1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	f a dual-use. See instru	ctions.	
	A \square	,			
	В				
	С				
	D				
		Α	В	С	
2	Rent received or accrued		_	-	
a	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	500/ if the count is because on a fit as is a sure)				
	Total rents received or accrued by property.				
С					
	Add lines 2a and 2b, columns A through D				
•	Tatal wants was investigated an assumed Add line On as homeon	N thursuals D. Freterilleaus	and an Dart Line Con	-l (A)	0.
3	Total rents received or accrued. Add line 2c, columns A	Tillrough D. Enter here	and on Part I, line 6, co	Diumin (A)	<u></u>
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_	Total deductions Add Co. 4 columns Advanced D. E.	atau basa and an Daut I	l' (D)		0.
5 Part	Total deductions. Add line 4, columns A through D. E V Unrelated Debt-Financed Income (s	nter nere and on Part I,	line 6, column (B)		<u></u>
	•	· · · · · · · · · · · · · · · · · · ·		:t	
1	Description of debt-financed property (street address, of	city, state, ZIP codej. Gr	ieck if a dual-use. See	instructions.	
	A				
	B				
	C				
	D				
•		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Par	t I, line 7, column (A)		0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A the	ough D. Enter here and	on Part I, line 7, colum	ın (B)	0.
11	Total dividends-received deductions included in line				0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see	e instruct	ions)	r age c	
						E	xempt Contro	lled Org	anization	S		
	Name of controlle organization	d	2. Employer identification number	incon	unrelated ne (loss) structions)	l	al of specified nents made	that is contro	t of colur included olling orga gross inc	in the iniza-	connected with income in column 5	
<u>(1)</u>												
(2)												
(3)												
(4)						<u> </u>						
	. Tauahla laasaa				Controlled Or	-		-£!	0	44.5	Sa ali cationa a alica attic	
•			Net unrelated acome (loss) e instructions)	l	otal of specif yments mad		that is inc controlling gross	luded ir	n the ation's	c	Deductions directly connected with one in column 10	
(1)												
(2)												
(3)												
(4)												
				Enter here			Enter here			Enter	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals									0.		0.	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	uctions)			
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)					Add amou	ınto in					Add amounts in	
<u>Totals</u>					column 2. here and or line 9, colu	Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B).	
Part	VIII Exploited E	xempt A	ctivity Income,	, Other T	han Adve	ertising	g Income (see inst	tructions)			
1	Description of exploite	ed activity:										
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
										3		
4	Net income (loss) from						-					
_										4		
5	Gross income from ac									5		
6 7	Expenses attributable									6		
7	Excess exempt expen			, but do No	or enter more	tildii tr	ie amount on i	ıı I C		7		

Schedule A (Form 990-T) 2023

Part	IX	Adve	ertis	ing Inco	me									
1	Nam									riodicals on a				
	Α	Ar	t t	herar	y:	Jou	rna1	of	the	Americ	an Art	The	erapy Assoc	<u>iation</u>
	в													
	c [
	D [
Enter	amour	nts for ea	ach p	eriodical li	isted a	above in	the co	rrespor	nding co	lumn.				
										Α		В	С	D
2	Gros	ss adver	tising	income						4,819.				
	Add	column	s A th	hrough D.	Enter	here an	d on Pa	art I, line	e 11, co	lumn (A)				4,819.
а														
3	Dire	ct adver	tising	costs by	perio	dical				0.				
а	Add	column	s A th	hrough D.	Enter	here an	d on Pa	art I, lind	e 11, co	lumn (B)				0.
4	Adv	ertising (gain ((loss). Sub	tract	line 3 fro	m line							
	2. F	or any co	olumi	n in line 4	show	ing a gai	n,							
	com	plete lin	es 5	through 8.	. For a	any colui	mn in							
	line	4 showir	ng a l	oss or zer	o, do	not com	plete							
	lines	5 throu	gh 7,	, and enter	r -0- o	n line 8				4,819.				
5	Rea	dership (costs	·						4,819. 42,986. 68,253.				
6				ne						68,253.				
7	Exce	ess read	ershi	p costs. If	line 6	is less t	han							
				ne 6 from I										
				-0							-			
8				p costs all										
				ach columi										
				esser of lin										
а				ıns A throu	ugh D	. Enter ti	he grea	ter of th	ne line 8	a columns to	tal or -0- he	re and c	on	0.
Part		II, line 1	3	eation o	√f Of	ficore	Diro	ctore	and T	rustees (:		<u> </u>
ı art		00111	pen	Sation	<i>5</i> 1	ncers,		,,,	and i	Tustees	see instruct	ions)	2 Developtions	4 Componentian
			4 1	Nama						2 Title			3. Percentage of time devoted	 Compensation attributable to
			1. 1	Name						2. Title			1	
(1)							+						to business %	unrelated business
<u>(1)</u>							+						%	
(2) (3)													%	
(4)													%	
<u>.,,</u>													, , ,	
Tota	I. Ente	r here ar	nd on	Part II, lin	ne 1									0.
Part				nental In		nation	(see i	nstruct	ions)					
							(,					

Depreciation and Amortization (Including Information on Listed Property)

990 Attach to your tax return.

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates Identifying number

Ame	rican Art Therapy A	ssociatio	on	For	m 9	90 P	age 10			36-3823033
Par	t I Election To Expense Certain Propert	y Under Section 17	79 Note: If yo	ou have any lis	sted pr	operty, o	complete Part	V befo	ore yo	ou complete Part I.
1 M	aximum amount (see instructions)								1	1,160,000.
2 To	otal cost of section 179 property place	d in service (see	instructions)					[2	
3 T	nreshold cost of section 179 property	before reduction	in limitation					[3	2,890,000.
4 R	eduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, ente	er -0-				[4	
5 Do	ollar limitation for tax year. Subtract line 4 from line	I. If zero or less, enter -	0 If married filin	g separately, see i	instruction	ns			5	
6	(a) Description of pro	perty		(b) Cost (busin	ness use o	only)	(c) Elected o	ost		
									Ш	
									_	
									_	
									_	
	sted property. Enter the amount from					7				
	otal elected cost of section 179 proper								8	
	entative deduction. Enter the smaller								9	
	arryover of disallowed deduction from								10	
	usiness income limitation. Enter the sn		,		,				11	
	ection 179 expense deduction. Add lin								12	
	arryover of disallowed deduction to 20					13				
Par	Don't use Part II or Part III below for I				la liatas	l nronor	h. 1			
	Operation 2 optionation 7 thornal		•	•						
	pecial depreciation allowance for quali						_			
	le tax year							_	14	
	roperty subject to section 168(f)(1) election depression (including ACRS)							-	15	6,841.
Par	ther depreciation (including ACRS) t III MACRS Depreciation (Don't	include listed pro							16	0,041.
	WACITO Depreciation (Don't	inolade lioted pre	-	ection A						
	ACRS deductions for assets placed in	convice in tax ve			<u> </u>				17	
	you are electing to group any assets placed in service	•	•	•				ï h	• •	
10	Section B - Assets						eral Depreciat	tion S	vster	 m
		(b) Month and	(c) Basis fo	r depreciation	T	Recovery				
	(a) Classification of property	year placed in service		nvestment use instructions)		period	(e) Convention	(f) Me	nou	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				2	5 yrs.		S/	L]	
	Decidential rental area arts	/			27	.5 yrs.	MM	S/	L]	
h	Residential rental property	/			27	.5 yrs.	MM	S/	L	
	Nonrosidontial roal property	/			3	9 yrs.	MM	S/	L	
i 	Nonresidential real property	/					MM	S/		
	Section C - Assets P	laced in Service	During 202	3 Tax Year U	sing th	e Altern	ative Depreci	ation	Syst	em
20a	Class life							S/	L	
b	12-year					2 yrs.		S/		
С	30-year	/			_	0 yrs.	MM	S/	_	
d	40-year	/			4	0 yrs.	MM	S/	L	
Par	,							ı		
	sted property. Enter amount from line							-	21	
	otal. Add amounts from line 12, lines 1	-								C 0.41
	nter here and on the appropriate lines				tions - s	ee instr			22	6,841.
	or assets shown above and placed in s	-	-							
n	ortion of the basis attributable to section	on 263A costs				23			- 1	

Form 4562 (2023) Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	24b, columns	(a) till ough (c	J of Section A,	all UI 3	ection b	, and ot	ECTION O	п аррі	icabic.						
	Section A -	Depreciation	on and Other I	nforma	tion (Ca	ution:	See the	nstruc	tions for li	mits for p	passeng	er auton	nobiles.))	
248	Do you have evidence to s	support the bu	siness/investmer	nt use cla	aimed?	Y	/es	No	24b If "Y	es," is th	ne evide	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	je ^{O†}	(d) Cost or ther basis	l (bi	(e) sis for deprusiness/inve use onl	eciation estment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for q	ualified listed p	property	placed	in servic	ce during	the ta	ax year and	t					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a q	ualified busine	ss use:					_	_		_		_	
		1 1	9	6											
		1 1	9	6											
		: :	9	6											
<u>27</u>	Property used 50% or le	ess in a quali	fied business u	ise:											
_		1 1	9	6						S/L -					
		1 1	9	6						S/L -					
_		1 1	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Er	nter here	e and on	line 21	, page 1				28				
<u>29</u>	Add amounts in column	i (i), line 26. E	nter here and	on line	7, page 1	<u></u>							29		
			S	ection	B - Infor	mation	on Use	of Vel	nicles						
	mplete this section for ve our employees, first ans		•								•				
				(a)		(b)	Τ	(c)	(d)	(e)	(f	·)
30	Total business/investment	miles driven d	uring the	l '	icle 1		nicle 2	V	ehicle 3	1	icle 4	-	icle 5	Vehicle 6	
	year (don't include commu	iting miles)													
31	Total commuting miles														
32	Total other personal (no	ncommuting) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32	<u></u>													
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?									ļ			<u> </u>		
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?								ļ			<u> </u>		
36	Is another vehicle availa	•													
	use?														
			- Questions for	-	-										
	swer these questions to			ception	to com	pleting S	Section E	3 for ve	ehicles use	ed by em	ployees	who a	ren't		
	re than 5% owners or rel	•												1	
37	Do you maintain a writte	en policy stat	tement that pro	ohibits a	II persor	nal use o	of vehicle	es, incl	luding com	nmuting,	by your			Yes	No
38	Do you maintain a writte										our				
	employees? See the ins				_										
	Do you treat all use of v														
40	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
D	Note: If your answer to art VI Amortization	37, 38, 39, 4	.U, or 41 is "Ye	s," don ⁻	t comple	ete Sect	ion B for	the co	overed ver	licles.					
F	(a)		<u> </u>	(b)		(c)			(d)		(e)			(f)	
	Description o	f costs		amortization		Amortiza	ble		Code		Amortiza	ition	Ar	mortization	
40	Amortization of costs th	at heains du	•	tax ves	l	amoun	it.		section		period or per	centage		or this year	
42	ATTORIZATION OF COSTS IN	iai begii is du	11119 YOUI 2023		u. 										
				<u> </u>				+		-					
42	Amortization of agota th	at bagan hat	fore your 2022	tay 200								43			
	Amortization of costs the Total . Add amounts in a	-	-	-								44			
	TULAL MUU ALHOUHIS IN (JUIUITITI (II). 🔿 (se ure manucin	una iori	vviicie in	, ICDUIT						1 77 1			

Alternative Minimum Tax-Corporations

Attach to your tax return. Go to www.irs.gov/Form4626 for instructions and the latest information. OMB No. 1545-0123

2023

Department of the Treasury Internal Revenue Service **Employer identification number** American Art Therapy Association 36-3823033 Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B) Applicable Corporation Determination (Report all amounts in U.S. dollars.) If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II. (c) Third Preceding (a) First Preceding (b) Second Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) 1c d Adjustment for certain consolidating entries (see instructions) 1d Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d 1f Adjustments: 2 a Financial statements covering different tax years 2a Corporations that are not included on the taxpayer's consolidated return (see instructions) 2b c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-(see instructions for special rules if completing this form for an FPMG) 2c Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) 2d Certain taxes (see instructions) 2е 2f Patronage dividends and per-unit retain allocations (cooperatives only) Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i 2k Depreciation Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z 3 Specified adjustment. Reserved for future use 3 Total adjustments. Combine lines 2a through 2z 4 AFSI. Combine lines 1f and 4 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 6

50

LHA For Paperwork Reduction Act Notice, see separate instructions.

3-year average annual AFSI (see instructions)

Form 4626 (2023) Page **2**

Part	Applicable Corporation Determination (Report all amo	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?		•	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.	_			
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns ((a), (b), and ((c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test			15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
					E 4000 (0000)

Form **4626** (2023)

Pai	rt II Corporate Alternative Minimum Tax		
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	3,819.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	3,819.
2	Adjustments:		
а	Financial statements covering different tax years	. 2a	
b	Reserved for future use - Adjustment 2b	2b	
С	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d	
е	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
	shareholder. If zero or less, enter -0 (See instructions)	2e	
f	Amounts that are not effectively connected to a U.S. trade or business		
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i	Alaska native corporations	. 2i	
j	Certain credits (see instructions)	. 2 j	
k	Mortgage servicing income	. 2k	
ı	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	Tax-exempt entities (organizations subject to tax under section 511)	. 2m	
n	Depreciation	. 2n	
0	Qualified wireless spectrum	. 2o	
р	Covered transactions	. 2p	
q	Adjustments related to bankruptcy and insolvency		
r	Certain insurance company adjustments		
s	AFSI adjustment S - Reserved for future use		
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
z	Other (see instructions)	. 2z	
3	Total adjustments. Combine lines 2a through 2z	. 3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	3,819.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	. 6	3,819.
7	Multiply line 6 by 15% (0.15)	. 7	573.
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	573.
10	Regular tax liability (see instructions)	. 10	802.
11	Base erosion minimum tax (see instructions)	. 11	0.
12	Combine lines 10 and 11	. 12	802.
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	0.
Pai	rt III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	. 2	
3	Deferred income tax provision - Foreign	. 3	
4	Deferred income tax provision - Federal	. 4	
5	Income taxes included in equity method investment income	. 5	
6 a	Adjustment A - Reserved for future use	. 6a	
b	Adjustment B - Reserved for future use	. 6b	
c	Adjustment C - Reserved for future use	. 6c	
d	d Adjustment D - Reserved for future use	. 6d	
е	Adjustment E - Reserved for future use	. 6e	
f	Adjustment F - Reserved for future use	. 6f	
g	Adjustment G - Reserved for future use	. 6g	
h	n Adjustment H - Reserved for future use	. 6h	
z	Income taxes in other places	. 6z	
-	Total Combine lines 1 through 67. Enter here and an Dort II line 20	-	

Form 4626 (2023) Page **4**

Pa	rt IV Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
С	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3с	
d	Percentage specified in section 55(b)(2)(A)(i)	. 3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	, , , , , , , , , , , , , , , , , , , ,		i i	3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II,	line 8		6	1000
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