Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2021 calendar year, or tax year beginning and	ending					
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number			
X	Addres change	THE NANTUCKET PROJECT ACADEMY, INC.						
	Name change	Doing business as		82-19495	98			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui					
	Final return/	P.O. BOX 568		(508) 90				
_	termin- ated TAmend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,265,660.			
	_lreturn	NANIUCKEI, MA UZSS4		H(a) Is this a group re				
	Applica tion pendin	F Name and address of principal officer:KATE BROSNAN SAME AS C ABOVE		for subordinates? Yes X No				
	-01/ 01/0	mpt status:	or 5	H(b) Are all subordinates in				
		mpt status.	01 0,	H(c) Group exemptio	list. See instructions			
		organization: X Corporation Trust Association Other	I Ye		State of legal domicile: MA			
		Summary	12.0	ar or formation, = = = 1	outo or logal dofficino, ====			
0	1 [Briefly describe the organization's mission or most significant activities: ${ t TO}$ At	CCELE	RATE THE DIS	TRIBUTION			
Activities & Governance	1	AND IMPACT OF IDEAS THAT ADDRESS CHALLENG	GING	PROBLEMS OF	OUR TIME			
ərne	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ssets.					
λοκ				3	3			
8		Number of independent voting members of the governing body (Part VI, line 1b)			2			
ties		Fotal number of individuals employed in calendar year 2021 (Part V, line 2a)			7			
tivi		Fotal number of volunteers (estimate if necessary)			0.			
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.			
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year			
4	8 (Contributions and grants (Part VIII, line 1h)	<u> </u>	895,642.	1,265,660.			
nue		Program service revenue (Part VIII, line 2g)		25,000.	0.			
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
Ж		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		920,642.	1,265,660.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		215,962.	376,530.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Exp	l	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	645,490.	743,867.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) [Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		861,452.	1,120,397.			
		Revenue less expenses. Subtract line 18 from line 12	·····	59,190.				
or Ses		10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		Beginning of Current Year	End of Year			
let Assets or und Balances	20	Fotal assets (Part X, line 16)		1,713,945.	589,555.			
t As d Be	21	Total liabilities (Part X, line 26)		1,603,442.	333,789.			
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		110,503.	255,766.			
	ırt II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true,	Correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepa	Ter has any knowledge.				
Sigr	,	Signature of officer		I Date				
Her		KATE BROSNAN, CLERK						
	~	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		SANDRA M. BROWN, CPA SANDRA M. BROWN	, CPA	05/01/24 if self-employ	P01614103			
Prep	-	Firm's name SMITH, SULLIVAN & BROWN, P.C.		Firm's EIN ▶	43-1985162			
Use	Only	Firm's address 80 FLANDERS ROAD - SUITE #302			00) 001 5155			
		WESTBOROUGH, MA 01581		Phone no. (5	08) 871-7178			
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No			

Form	990 (2021) THE NANTUCKET PROJECT ACADEMY, INC. 82-1949598 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR VISION IS A WORLD IN WHICH CURIOSITY, FRESH THINKING AND THE
	DIVERSITY OF HUMAN EXPERIENCE ARE EXPLORED AND CELEBRATED, WHERE
	PEOPLE LIVE WITH EMPATHY AND GENEROSITY TOWARDS THEMSELVES AND OTHERS,
	AND WHERE COMMUNITIES WORK COLLABORATIVELY TOWARDS HEALTH, PEACE AND
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3 3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 997,522 • including grants of \$0 •) (Revenue \$0
	DURING THE YEAR PRESENTED, THE PRIMARY PROGRAMMING OF THE TNP ACADEMY
	WAS A THREE-YEAR PUBLIC ENGAGEMENT PROGRAM COMMENCING IN LATE 2019 THAT
	EXPLORES THE BIG QUESTIONS SURROUNDING HUMAN CHARACTER AND BEHAVIOR.
	AS THE TNP SIGNATURE EVENT WAS NOT HELD DURING 2021, THE PROGRAM
	INCLUDED THE PRODUCTION OF THREE SHORT DOCUMENTARIES AND A "ROAD SHOW"
	BRINGING SPEAKERS AND FILMS TO CITIES AND TOWNS ACROSS THE COUNTRY.
4b	(Code:) (Expenses \$
710	The vertice of the ve
	<u> </u>
4c	(Code:) (Expenses \$
	<u> </u>
4-1	Other pregram comises (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 997,522 •
<u>4e</u>	Total program service expenses ► 997,522. Form 990 (2021)
	FOIII 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	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,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		 -
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			٦,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_V
40	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	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	G contract and a second of About a contract of the contract of			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	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			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f		Х	
00	"Yes," complete Schedule L, Part IV	28c 29	Λ	Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
Б	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			╠
4	Enter the number reported in box 2 of Form 1006. Enter 0, if not emplicable.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Lenter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b Lenter 1a Lenter -0- if not applicable 1b Lenter 1a Lenter -0- if not applicable 1b Lenter			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
•	(gambling) winnings to prize winners?	1c		

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 2a7							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f	J , J , , , , , , , , , , , , , , , , ,							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h						
h								
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?							
9 Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
10	Section 501(c)(7) organizations. Enter:	ЭIJ						
а	Initiation fees and capital contributions included on Part VIII, line 12							
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:							
a	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x				
excess parachute payment(s) during the year?								
If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
. -	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 2			
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	Х	
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		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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	Х	
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 ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d fina	ncial	
	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 - (508) 904-0205			
	P.O. BOX 568, NANTUCKET, MA 02554			

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, 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 ne	or any related	orga	aniza	ation	oo r	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	_			lee)	from	from related	other		
	(list any	recto						the	organizations	compensation
	hours for	or di	98			sated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee.	trust		ee	nben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yoldr	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) MICHELLE BONIFACE ST. JOHN	40.00	_	_		Ť	T - 0	-			
SENIOR PRODUCER						Х		122,308.	0.	0.
(2) KATE BROSNAN	2.00									
CLERK/INTERIM ED/PROFESSIONAL SERVIC		Х		Х				58,767.	0.	0.
(3) LINDSAY MORRIS	40.00									
FORMER EXECUTIVE DIRECTOR		Х		Х				8,654.	0.	0.
(4) GAYLE JENNINGS O'BRYNE	2.00								_	
PRESIDENT		Х		Х				0.	0.	0.
(5) MARGARETTA ANDREWS	2.00									_
TREASURER		Х		Х				0.	0.	0.
		L								

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	(B)				C)			(D)	(E)			(F)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable Reportable				Estimated		
	hours per	box	box, unless person is both ar officer and a director/trustee)			is bot	h an	compensation compensation				ount o	of	
	week	_	Jer ar	lu a u	liecic	Jiruus	lee)	from	from related			ther		
	(list any hours for	Individual trustee or director						the	organizations		comp			
	related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISO 1099-NEC)	/ر	orgai	m the		
	organizations	ruste	ll trus		ee ee	mpen		1099-NEC)	100011100)		•	relate		
	below	dualt	Institutional trustee	_	mploy	sst co	e e	.555 ,			organ			
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				_			
										-+				
						\vdash				_				
						\vdash				-				
1b Subtotal								189,729.		0.			0.	
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.	
d Total (add lines 1b and 1c)							<u> </u>	189,729.		0.			0.	
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable				_	
compensation from the organization											- 1-		1	
												/es	No	
3 Did the organization list any former officer			сеу е	emp	loye	e, o	r hig	ghest compensated emp	loyee on		_		37	
line 1a? If "Yes," complete Schedule J for s											3		X	
4 For any individual listed on line 1a, is the si													х	
and related organizations greater than \$15											4			
5 Did any person listed on line 1a receive or	=				-		elat	ted organization or indiv	dual for services		_		Х	
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Scriedui	ЭΙ	or s	ucn	pers	son .					5			
Complete this table for your five highest co	mnensated in	dend	nde	ent c	onti	racto	ore t	that received more than	\$100,000 of com	nenesti	on fro	nm		
the organization. Report compensation for										المحدات	OII IIC	J111		
(A)	and dateridal y	Jui (oi iui	<u>y</u> v	. 1611	J1 VV	1	(B)	, 541.		(C)			
Name and business	address							Description of s	ervices	Con	npens		1	
THE NANTUCKET PROJECT, L	LC						\neg	FILM AND EVE						
PO BOX 568, NANTUCKET, M								PRODUCTION			621	,00	00.	
•												-		

Total number of independent contractors (including but not limited to those listed above) who received more than

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\$100,000 of compensation from the organization

Pa	rt V	Ш			and the Helia David VIIII			
			Check if Schedule O contains a respons	e or note to any III	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant	'		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
ָהַ הַ הַ פַּ								
ifts ir A			Fundraising events 1c Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her		'		,265,660.				
QĘ		~	Noncash contributions included in lines 1a-1f	,203,000.				
Son		_	Total. Add lines 1a-1f		1,265,660.			
<u> </u>		<u>''</u>	Total Add lines 14 11	Business Code				
ø	2	a						
vic.	_	b						
Program Service Revenue		c						
am		d						
ogra Re		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	•				
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
		d	Net rental income or (loss)	>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nιe			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)	<u></u>				
ther	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses8	<u> </u>				
	_		Net income or (loss) from fundraising events	_				
	9	а	Gross income from gaming activities. See					
		L-	Part IV, line 19 9 Less: direct expenses 9					
			Less: direct expenses					
	10		Gross sales of inventory, less returns	··············				
	10	а	and allowances10					
		h	Less: cost of goods sold 10	<u> </u>				
			Net income or (loss) from sales of inventory					
		Ť		Business Code				
sno	11	а						
Miscellaneous Revenue	••	b						
eve		c						
disc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,265,660.	0.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	Check if Schedule O contains a respon-	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70 210	70 210		
	trustees, and key employees	70,319.	70,319.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	260 106	260 106		
7	Other salaries and wages	260,196.	260,196.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	05 040	05 242		
9	Other employee benefits	25,340.	25,340.		
10	Payroll taxes	20,675.	20,675.		
11	Fees for services (nonemployees):				
а	Management	1 - 0 10		1= 0.10	
b	Legal	17,949.		17,949.	
С	Accounting	30,151.		30,151.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	641,875.	611,350.	30,525.	
12	Advertising and promotion	15,434.		15,434.	
13	Office expenses	10,831.		10,831.	
14	Information technology				
15	Royalties				
16	Occupancy	9,000.		9,000.	
17	Travel	9,642.	9,642.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			_	
23	Insurance	8,985.		8,985.	
24	Other expenses. Itemize expenses not covered 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	·				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,120,397.	997,522.	122,875.	0
<u> </u>	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)				

Pai	π λ	Balance Sheet					
		Check if Schedule O contains a response or	r note to	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,713,945.	1	510,805
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq	qualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
23	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	78,750
	10a	Land, buildings, and equipment: cost or other	ier				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation	10	b		10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ine 11			12	
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e	equal lin	e 33)	1,713,945.	16	589,555
	17	Accounts payable and accrued expenses			6,227.	17	19,063
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	lete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or	former o	fficer, director,			
		trustee, key employee, creator or founder, so	ubstanti	al contributor, or 35%	100 611		
Liabilities		controlled entity or family member of any of	these p	ersons	102,641.	22	
_	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	lines 17-	24). Complete Part X	1 404 554		214 506
		of Schedule D			1,494,574.		314,726
	26	Total liabilities. Add lines 17 through 25			1,603,442.	26	333,789
တ္ဆ		Organizations that follow FASB ASC 958,	check I	iere 🕨 🔼			
ဗ		and complete lines 27, 28, 32, and 33.			110 502		205 766
<u>a</u>	27	Net assets without donor restrictions			110,503.	27	205,766
<u>ם</u>	28	Net assets with donor restrictions				28	50,000
Ę		Organizations that do not follow FASB AS	SC 958,	check here L			
5		and complete lines 29 through 33.					
STS.	29	Capital stock or trust principal, or current fur				29	
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			110 502	31	255 766
ž	32	Total net assets or fund balances			110,503.	32	255,766
	33	Total liabilities and net assets/fund balances	s		1,713,945.	33	589,555

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 1	,26 ,12 14	5,6	97. 63.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	25	5,7	66.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	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.						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
c	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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
J	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 Scl						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		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 (2021)		

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

Employer identification number Name of the organization THE NANTUCKET PROJECT ACADEMY, 82-1949598 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No 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.)

Sec	ction A. Public Support	3 11010 d 2010 W, p100	ado domploto i arti	,				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	(3.7 = 5 · · ·	(0) 20 10	(0) 20 10	(4,) = 3 = 3	(6) 252 .	(.)	
	membership fees received. (Do not							
	include any "unusual grants.")		1068284.	1478426.	895,642.	1265660.	4708012.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3		1068284.	1478426.	895,642.	1265660.	4708012.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3562893.	
	Public support. Subtract line 5 from line 4.						1145119.	
	ction B. Total Support		1		г	Г		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 4708012.	
	Amounts from line 4		1068284.	1478426.	895,642.	1265660.	4/08012.	
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							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
44	assets (Explain in Part VI.)						4708012.	
12	Gross receipts from related activities	ote (soo instructi	one)			12	50,000.	
13	First 5 years. If the Form 990 is for the			fourth or fifth tax		<u> </u>	30,0001	
10	organization, check this box and sto	· ·		,		* * * *	▶ X	
Sec	etion C. Computation of Pub		rcentage					
	Public support percentage for 2021 (column (f))		14	%	
	Public support percentage from 2020					15	%	
	33 1/3% support test - 2021. If the							
	stop here. The organization qualifies							
b	33 1/3% support test - 2020. If the							
	and stop here. The organization qua							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fac-	ts-and-circumstand	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to			=				
b	10% -facts-and-circumstances tes	st - 2020. If the org	anization did not o	check a box on line				
	more, and if the organization meets t	he facts-and-circur	mstances test, che	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicly	y supported organ	ization		
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							

Schedule A (Form 990) 2021

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.)

Section A. Public Support	below, please con	ipiete i art ii.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			` '	,	, ,	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					+	
are not an unrelated trade or bus-						
in						
					+	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	1					
3 received from disqualified person	s					
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse	s					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busines						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.		<u> </u>		L	504()(0) : 1	
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	1501(c)(3) organizat	tion,
check this box and stop here						<u></u> ▶∟
Section C. Computation of Pul			. (2)		11	
15 Public support percentage for 2021			column (f))			
16 Public support percentage from 20:					16	•
Section D. Computation of Inv						
17 Investment income percentage for						•
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2021. If the	e organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2020. If the	ne organization did	not check a box of	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, c	neck this box and s	stop here. The orga	anization qualifies a	as a publicly supp	oorted organization	▶□
20 Private foundation. If the organizat						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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		
3a		
3b		
_		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
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.	2a		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

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All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances 1 th 1 Tall a a service of the formon-exempt-use assets 1 to 4 Total (add lines 1a, th, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Southract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use, Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A dijusted net income for prior year (from Section A, line 8, column A) 7 Agjusted net income for prior year (from Section B, line 8, column A) 8 Hinimum asset amount for prior year (from Section B, line 8, column A) 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Letter greater of line 2 or line 3. 9 Lette	1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructions.
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instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Income tax imposed in prior year	Sect	ion B - Minimum Asset Amount		(A) Prior Year	. ,
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b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Aminimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Lenter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		instructions for short tax year or assets held for part of year):			
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7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	6		6		
8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Current Year Current Year		. ,	7		
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Current Year Current Year	8		8		
2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Sect	• ,			Current Year
2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to empre	2		2		
4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	3		3		
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6			4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6		•	5		
emergency temporary reduction (see instructions).		· · · · · ·			
	-	•	6		
7 Lul Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7			ed Type III supporting org	anization (see
instructions).	-	• • • • • • • • • • • • • • • • • • • •	,g.a	· , ₋ - - - - - - -	,

Schedule A (Form 990) 2021

8

9

(provide details in Part VI). See instructions.

Distributable amount for 2021 from Section C, line 6

Distributions to attentive supported organizations to which the organization is responsive

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE NANTUCKET PROJECT ACADEMY, INC.

Employer identification number 82-1949598

Pai			Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(4) 20101 401000 141100	(a) i and and care accessing			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	<u> </u>				
5	Did the organization inform all donors and donor advisors in		funde			
3	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor					
Ū	for charitable purposes and not for the benefit of the donor					
	• •					
Pai		ganization answered "Yes" on Form 990. Part				
1	Purpose(s) of conservation easements held by the organization	-				
·	Preservation of land for public use (for example, recreations)		istorically important land area			
	Protection of natural habitat		ertified historic structure			
	Preservation of open space	, , , , , , , , , , , , , , , , ,				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic st					
	Number of conservation easements included in (c) acquired					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year ►					
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ration easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense sta	tement and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the			
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of		er Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works			
	of art, historical treasures, or other similar assets held for pu		erance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 9					
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ince of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		in, provide			
	the following amounts required to be reported under FASB /					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2021			

132051 10-28-21

Sche	dule D (Form 990) 2021 THE NAN	TUCKET PROJ	JECT	ACADE	MY. IN	2.	82-	194959	8 _{Page} 2
		Organizations Maintaining C								
3	Using t	the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make sig	nificant use c	of its	
	collecti	ion items (check all that apply):								
а	F	Public exhibition	d		oan or exc	hange progra	ım			
b		Scholarly research	е		ther					
С		Preservation for future generations								
4	Provide	e a description of the organization's co	ollections and explain	n how the	ey further t	he organizati	on's exem	pt purpose in	Part XIII.	
5	•	the year, did the organization solicit or		•		•				
D		old to raise funds rather than to be ma							Yes	No
Pai		Escrow and Custodial Arrang		te if the	organizatio	n answered '	'Yes" on F	form 990, Par	t IV, line 9, o	r
4.		reported an amount on Form 990, Par		! 						
та		organization an agent, trustee, custodi		-					Yes	□ No
h		m 990, Part X? ," explain the arrangement in Part XIII a							. L res	□ NO
b	11 163	, explain the arrangement in Fart Allia	and complete the for	lowing ta	ibie.				Amoun	t
c	Reginn	ing balance						1c		
	•	ons during the year						 		
		utions during the year								
f		balance								
2a		e organization include an amount on Fo							Yes	□ No
b	If "Yes	," explain the arrangement in Part XIII.	Check here if the ex	planatior	n has been	provided on	Part XIII			
Pai	t V	Endowment Funds. Complete if								
			(a) Current year	(b) Pri	or year	(c) Two year	s back (c	I) Three years b	ack (e) Fou	r years back
	-	ing of year balance								
		outions								
		restment earnings, gains, and losses								
		or scholarships								
е		expenditures for facilities								
	-	ograms								
		strative expenses year balance								
2		year balance		e (line 1a	column (s	l held as:				
		designated or quasi-endowment	crit year erid balario	%	, column (e	ij) ricia as.				
		nent endowment	%							
			<u></u> , -							
		rcentages on lines 2a, 2b, and 2c sho								
За		ere endowment funds not in the posse		tion that	are held a	nd administe	red for the	e organization		
	by:									Yes No
	(i) Un	related organizations							3a(i)	
		lated organizations								
b		on line 3a(ii), are the related organiza							3b	
4		be in Part XIII the intended uses of the		wment fu	ınds.					
Pai		Land, Buildings, and Equipm		Dovt N	lina 11 - C	`aa Farre 000	Dort V !!	no 10		
		Complete if the organization answered	1			1			() 5	ll.
		Description of property	(a) Cost or ot			or other		cumulated	(d) Boo	k value

Schedule D (Form 990) 2021

e Other.

1a Land
b Buildings
c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 THE NANTUCK	ET PROJECT	ACADEMY.	INC.	82-1949598 _{Page}
Part VII Investments - Other Securities.		110112 2111 /		OL LULUGU Page
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Fo	rm 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuatior	n: Cost or 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, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Meth	nod of valuation	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		line 11d. See Fo	rm 990, Part X,	
(a) L	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Column (b) must equal Form 900, Part V, and (P) line	15\			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	; 15.)			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f 9	See Form 990 I	Part Y line 25
(a) Description of lightlifus	JIT OIII 990, Part IV,	ille Tie Or Tii. C	see i oiiii 990, i	(b) Book value
11 /				(b) Book value
(1) Federal income taxes (2) CONDITIONAL GRANT ADVANCE				314,726
(3) (3) (2) CONDITIONAL GRANT ADVANCE				314,720
(4)				
(**)				

(5) (6) (7) (8) 314,726. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Rever	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.	-	
1	Total revenue, gains, and other support per audited financial statements		1	1,265,660.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,265,660.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,265,660.
Pa	art XII Reconciliation of Expenses per Audited Financial		enses per Retui	n.
	Complete if the organization answered "Yes" on Form 990, Part IV			4 400 000
1	Total expenses and losses per audited financial statements		1	1,120,397.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	1 Other (Describe in Part XIII.)			•
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	1,120,397.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , ,			
b		4b		0
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	1,120,397.
Pa	art XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		Part V, line 4; Part	X, line 2; Part XI,
PA:	RT X, LINE 2:			

THE ORGANIZATION CURRENTLY EVALUATES ALL TAX POSITIONS, AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITIONS MADE BY THE ORGANIZATION ARE THE EXISTENCE, OR NONEXISTENCE, OF UNRELATED BUSINESS INCOME AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. FOR THE YEARS PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	\mathtt{THE}	NANTUCKET	PROJECT	ACADEMY,	INC.	82-1949598 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation	(continued)				<u> </u>
		,				

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

							CADEMY, I			82	-19	ident 495		on nu	ımber
Part I									ion 501(c)(29) orga						
	Complete if the			ered "Yes" on i elationship betv				25D,	or Form 990-EZ, Pa	art v,	line 40	.מכ	(4)	Corro	otod2
1 (a) Name of disqualified person				person and or			illied	(c) Description of tran			saction			(d) Corrected?	
													+''	53	NO
														_	
O Entor	the emount of toy	in a urrad by th	20.040	ranization man	0000	or dio	avalified persons	di win	a the year under						
	the amount of tax on 4958	•	-		-				-		▶ \$				
	the amount of tax,										S				
O LINCO	the amount of tax,	ii arry, orr iiric	, z, ar	Jove, reimburs	ca by	ti ic oi	gariization				Ψ				
Part II	Loans to and	d/or From	Inte	rested Pers	sons										
	Complete if the	organization a	answe	ered "Yes" on f	orm 9	990-EZ	, Part V, line 38a d	or Fo	rm 990, Part IV, lin	e 26;	or if th	ne orga	nizati	on	
	reported an amo	unt on Form	990, F	Part X, line 5, 6								V			
(a) Name of (b) Relation			pization (C) Tulpose (from				(e) Original	.	(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) Written agreement?			
interested person with organ		with organiza	ization on loan		organization:		principal amoun	١				committee?			
			-		То	From		+		Yes	No	Yes	No	Yes	No
			+					+							
								+							
		1													
								_							
Total Part III	Grants or As	eietanca l	Ranc	afitina Inter	este	d Da	reone	\$							
ı artını	Complete if the			_											
(a) N	ame of interested	_ _					(c) Amount of	of	(d) Type	of		(e) Purp	ose o	f
(a) Harris of interested person			(b) Relationship between interested person and				assistance								
				the organiza	tion										
											-+				

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

Schedule L (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Department of the Treasury Internal Revenue Service Name of the organization

THE NANTUCKET PROJECT ACADEMY TNC. **Employer identification number** 82-1949598

THE MINITOCKET TROOLET MEMBERT, THE.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH A FOCUS ON HUMANITY, ALWAYS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROSPERITY FOR ALL.
OUR MISSION IS TO ACCELERATE THE DISTRIBUTION AND IMPACT OF IDEAS THAT
ADDRESS CHALLENGING PROBLEMS OF OUR TIME WITH A FOCUS ON HUMANITY,
ALWAYS.
FORM 990, PART VI, SECTION A, LINE 2:
IN 2021, THE CLERK OF THE BOARD OF DIRECTORS OF TNP ACADEMY WAS ALSO
CO-FOUNDER, BOARD MEMBER, EMPLOYEE AND EQUITY HOLDER OF THE NANTUCKET
PROJECT, LLC.
FORM 990, PART VI, SECTION A, LINE 8A:
THE ORGANIZATION DID NOT MAINTAIN ANY BOARD MINUTES DURING THE YEAR ENDED
DECEMBER 31, 2021.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DID NOT MAINTAIN ANY BOARD MINUTES DURING 2021.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 WILL BE PROVIDED TO BOARD MEMBERS PRIOR TO FILING.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** THE NANTUCKET PROJECT ACADEMY, INC. 82-1949598 THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES TO OBTAIN COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL BE ESTABLISHED. FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED AFTER REVIEW AND APPROVAL BY THE BOARD. COMPENSATION IS ASSESSED ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 11,600. MANAGEMENT AND GENERAL EXPENSES 30,525. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 42,125. FILM PRODUCTION: PROGRAM SERVICE EXPENSES 599,750. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 599,750. 132212 11-11-21 Schedule O (Form 990) 2021

Name of the organization THE NANTUCKET PROJECT ACADEMY, INC.												Employer identification number 82-1949598			
TOTAL	OTHER										A		641,87	5.	