Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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



Α	For th	e 2022 calendar year, or tax year beginning and	ending		
B	Check if applicab	e: C Name of organization		D Employer identified	cation number
	Addre	THE NANTUCKET PROJECT ACADEMY, INC.			
	Name			82-19495	98
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	ſ
	Final return	P.O. BOX 568		(508) 90	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	898,810.
	Amer	NANIOCREI, MA 02554		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer. TATL DROBITING		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🔀 501(c)(3) 🚺 501(c) ( ) (insert no.) 🛄 4947(a)(1) d	or 52 <sup>-</sup>	,	list. See instructions
	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Yea	r of formation: 2017	State of legal domicile: MA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO AC AND IMPACT OF IDEAS THAT ADDRESS CHALLENCE		DECETENC OF	
Governance					
veri	2	Check this box if the organization discontinued its operations or dispose		1.1	sets. 3
ĝ	3				2
80 00	5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5
itie	6	Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>			Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		1,265,660.	813,810.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	85,000.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,265,660.	898,810.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		376,530.	134,909.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
ď	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		743,867.	889,425.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,120,397.	1,024,334.
	19	Revenue less expenses. Subtract line 18 from line 12		145,263.	-125,524.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	上	589,555.	192,551.
et A.	21	Total liabilities (Part X, line 26)		333,789.	62,309.
		Net assets or fund balances. Subtract line 21 from line 20		255,766.	130,242.
Pa	art II	Signature Block			

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

Sign	Signature of officer			Date
	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,	CPA05/01	/24 self-employed P01614103
Preparer	Firm's name SMITH, SULLIVAN &	BROWN, P.C.		Firm's EIN 43-1985162
Use Only	Firm's address 80 FLANDERS ROAD	- SUITE #302		
	WESTBOROUGH, MA 0	1581		Phone no. (508) 871-7178
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions	5.	Form <b>990</b> (2022

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2022) THE NANTUCKET PROJECT ACADEM	Y, INC.	82-1949598	Page
Par	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			2
1	Briefly describe the organization's mission: OUR VISION IS A WORLD IN WHICH CURIOSITY,	<b>FRESH ТН</b>	TNKING AND THE	
	DIVERSITY OF HUMAN EXPERIENCE ARE EXPLORE			
	PEOPLE LIVE WITH EMPATHY AND GENEROSITY T			RS,
	AND WHERE COMMUNITIES WORK COLLABORATIVEL	Y TOWARDS	HEALTH, PEACE AN	ID .
2	Did the organization undertake any significant program services during the year whether the services during the year whether the services during t	nich were not listed		
	prior Form 990 or 990-EZ?		Yes	XN
_	If "Yes," describe these new services on Schedule O.			V
3	Did the organization cease conducting, or make significant changes in how it cond	lucts, any program	services?	XN
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three	a largest program s	ervices as measured by expense	c
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of g		• •	
	revenue, if any, for each program service reported.	5		
4a		0		000
	DURING THE YEAR PRESENTED, THE PRIMARY PR			
	WAS A THREE-YEAR PUBLIC ENGAGEMENT PROGRA			
	EXPLORES THE BIG QUESTIONS SURROUNDING HU AS THE TNP SIGNATURE EVENT WAS NOT HELD D			
	INCLUDED THE PRODUCTION OF THREE SHORT DO			<u></u>
	BRINGING SPEAKERS AND FILMS TO CITIES AND			
4b	(Code:) (Expenses \$ including grants of \$		) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$		) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		,	
40	(Expenses \$ including grants of \$ Total program service expenses 884,742.	) (Revenue \$	)	
4e	Total program service expenses 884,742.		Form	<b>990</b> (20
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	2			
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Part IV Checklist of Required Schedules

THE NANTUCKET PROJECT ACADEMY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		Х
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			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		Х
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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Form 990 (	/		NANTUCKET		ACADEMY,	INC.	
Part IV	Checl	klist of Require	d Schedules (col	ntinued)			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>.1</del> 0		
_0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
20	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
b	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?If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
07	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	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b U</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
С	(gambling) winnings to prize winners?	1c		
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022)	$\mathbf{THE}$	NANTUCKET	PROJECT	ACADEMY,	INC.
Statements R	egard	ing Other IRS F	ilings and Ta	ax Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a		5a		X X
b	, , , , , , , , , , , , , , , , , , , ,	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
Ň	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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	4		
	Enter the amount of reserves on hand 13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		- 23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

Part V

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2022.05090 THE NANTUCKET PROJECT ACADE NAN95981

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Form 990 (2022)
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### THE NANTUCKET PROJECT ACADEMY, INC.

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

Sec	lion A. Governing body and Management						
		1	1 2		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	3				
	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 relationsh				v		
•	officer, director, trustee, or key employee?			2	X		
3	Did the organization delegate control over management duties customarily performed by or under the					x	
	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			4 5		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5 6		X	
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			0		- 23	
7a				7a		x	
h	more members of the governing body?			<i>1</i> a			
b				7b		x	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10			
a	The governing body?			8a		х	
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 re			00			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F						
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such of						
	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			11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
с							
	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 approv		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			37		
а	The organization's CEO, Executive Director, or top management official			15a	Х	37	
b	Other officers or key employees of the organization			15b		Х	
	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 arrange					v	
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial states and a second state of the second states and the second states are second states and the second states are second states a						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		DN'S	101			
Sec	exempt status with respect to such arrangements?			16b			
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, a	and QC	0.T (section 501(c)(3	e only		ahla	
10	for public inspection. Indicate how you made these available. Check all that apply.			IS Office	) avaiid	able	
	Own website Another's website X Upon request Other <i>(explain</i> )	n on S	chedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			d finar	ncial		
	statements available to the public during the tax year.	20					
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	ind records				
	THE ORGANIZATION - (508) 904-0205						
	P.O. BOX 568, NANTUCKET, MA 02554						
232006	12-13-22			Form	990	(2022)	
	6						

2022.05090 THE NANTUCKET PROJECT ACADE NAN95981

Part VII	Co	mpensation (	of Officers	s, Directors,	, Trustees,	Key Employees,	Highest	Compensa	ted
	์ Em	ployees, and	l Independ	dent Contra	ctors				

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

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

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

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

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

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

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

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

(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				fed		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		oyee	d u o		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) KATE BROSNAN	40.00									
CLERK/INTERIM ED/PROFESSIONAL SERVIC		X		X				42,967.	0.	1,076.
(2) GAYLE JENNINGS O'BRYNE	2.00									
PRESIDENT		x		x				0.	0.	0.
(3) MARGARETTA ANDREWS	2.00									
TREASURER		x		x				0.	0.	0.
		1								
	<u> </u>	-	-			-				
		1								
		<u> </u>								
		-								

7

Form 990 (2022)	THE	NANTU	JCKET I	PRO	JEC	CT	A	CAD	El	MY, INC.	82-1	<u>949</u>	<u>598</u>	P	age <b>8</b>
Part VII Section A	A. Officers, Direc	ctors, Trus	tees, Key E	mplo	yees	, and	d Hi	ghes	t C	Compensated Employe	es (continued)				
	(A)		(B)			(0		-		(D)	(E)			(F)	
Nam	e and title		Average			Pos	ition			Reportable	Reportable	۹.	Fs	timate	ьd
Num			hours per					than o is both		compensation	compensatio			nount	
			week					or/trust		from	from related		other		
			(list any	to						the	organization			pensa	ation
			hours for	direct				-		organization	(W-2/1099-MI			om th	
			related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC			anizat	
			organizatior	us si	l trus		ee	mper		1099-NEC)	10001120	'	•	d relat	
			below	d ual t	tiona		Vold	st col yee	<u>_</u>	10001120)				anizati	
			line)	S Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	anneach	0110
			,	-	-	0	ž	Ξē	Œ						
				_											
												$\longrightarrow$			
				_											
				_											
				_											
				_											
1b Subtotal			•							42,967.		0.		1,0	76.
c Total from cont										0.		0.			0.
										42,967.		0.		1 0	76.
d Total (add lines										-		-		<u>, , , , , , , , , , , , , , , , , , , </u>	10.
	-	-	ot limited to	those	eliste	ed at	bove	e) wn	o re	eceived more than \$100	,000 of reportat	le			0
compensation fi	rom the organiza	tion													0
												r		Yes	No
3 Did the organiza	ation list any <b>forn</b>	ner officer,	director, tru	stee,	key e	empl	loye	e, or	hig	hest compensated emp	oloyee on				
line 1a? If "Yes,"	" complete Sche	dule J for s	uch individu	al									3		X
										her compensation from					
										for such individual			4		Х
-	-												-		
			-				-			ed organization or indiv		3	_		v
			plete Sched	ule J	tor su	ich	pers	son					5		X
Section B. Independ	dent Contractor	S													
1 Complete this ta	able for your five	highest co	mpensated i	ndep	ende	ent c	ontr	racto	rs t	hat received more than	\$100,000 of cor	npensa	ation f	rom	
the organization	n. Report comper	nsation for	the calendar	year	endi	ng w	vith	or wi	thir	n the organization's tax	year.				
		(A)								(B)			(0	;)	
	Name and	d business	address							Description of s	ervices	C	ompe		n
THE NANTUCK	ET PROJE	CT LI							+						
PO BOX 568,				1					_ h	EVENT EXPENS	FC	1	15	n n	00.
FO BOX JUO,	INANIOCK	ы <b>г, н</b> и	A 0200-	t					┦	CARLE RVERIO	01	<u> </u>	тЭ	0,0	00.
												1			
												1			
												1			
									1						
												1			
									+			<u> </u>			
2 Total number of	independent co	ntractors (i	ncluding but	not l	imite	d to	tho	se lis	ted	above) who received m	nore than				
	npensation from		-					1							
,													Form	<b>990</b> (	2022)
														- (	

232008 12-13-22

Forn	n 99	0 (2	2022) THE NANTUCK	$\mathbf{ET}$	PROJECT	ACADEMY,	INC.	82-1949	598 Page 9
	rt \								
			Check if Schedule O contains a respo	nse	or note to any lin				
						<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
						Total revenue	function revenue		from tax under
	-								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a						
Gra			Membership dues 1b						
Å,			Fundraising events 1c						
ilar İlar			Related organizations 1d						
Sins,			Government grants (contributions) 1e						
er (		f	All other contributions, gifts, grants, and		012 010				
e ti b ti b			similar amounts not included above If		813,810.				
L ou		-	Noncash contributions included in lines 1a-1f			012 010			
<u>a O</u>		h	Total. Add lines 1a-1f			813,810.			
			NANULICVEN DECTECH ACA	Ъ.	Business Code 900099	85,000.	85,000.		
vice	2	а	NANTUCKET PROJECT ACA		900099	65,000.	05,000.		
Ser		b		_					
e a		C							
gra Re		d		_					
Program Service Revenue		e 4	All other program service revenue						
_						85,000.			
	3	g	Total. Add lines 2a-2f Investment income (including dividends, in			00,000			
	3				,				
	4		other similar amounts) Income from investment of tax-exempt bo						
	5		Royalties	-	F				
	ľ		(i) Real		(ii) Personal				
	6	а	Gross rents						
	ľ		Less: rental expenses 6b						
		c	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7		Gross amount from sales of (i) Securitie		(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
Ine			and sales expenses 7b						
evenue		с	Gain or (loss)						
. Be		d	Net gain or (loss)						
Other R	8	а	Gross income from fundraising events (not						
ō			including \$ of						
			contributions reported on line 1c). See						
			,	8a					
			Less: direct expenses	8b					
	_		Net income or (loss) from fundraising even						
	9	а	Gross income from gaming activities. See						
	1	<b>k</b>	,	9a 9b					
	1		Less: direct expenses		L				
	10		Gross sales of inventory, less returns						
	10	d	•	10a					
	1	h		10a 10b					
			Net income or (loss) from sales of inventor						
	$\mathbf{T}$	<u> </u>		<u>,</u>	Business Code				
sno	11	а							
ane nue	1	b		_					
Miscellaneous Revenue	1	c		_					
lis B	1	-	All other revenue	_					
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			898,810.	85,000.	0.	0.
23200							-	-	Form <b>990</b> (2022)

## 11000501 807818 NAN9598

Part IX Statement of Functional Expenses

THE NANTUCKET PROJECT ACADEMY, INC.

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	X (D)
	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,	10 240	10 040	27 000	
	trustees, and key employees	46,249.	19,249.	27,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	74 701	74 701		
7	Other salaries and wages	74,791.	74,791.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2 960	2 0 6 0		
9	Other employee benefits	3,860. 10,009.	3,860. 10,009.		
10	Payroll taxes	10,009.	T0,009.		
11	Fees for services (nonemployees):				
a	Management	6,332.		6,332.	
b	Legal	3,975.		3,975.	
с	9 F	5,975.		5,975.	
d	, , , , , , , , , , , , , , , , , , ,				
e	<b>3</b>				
f	Investment management fees				
g		574,392.	566,407.	7,985.	
	column (A), amount, list line 11g expenses on Sch 0.)	J/4, JJZ.	500,407.	7,905.	
12	Advertising and promotion	2,233.		2,233.	
13	Office expenses	2,233.		2,233.	
14 45	Information technology				
15 10	Royalties	23,150.		23,150.	
16 17		23,130.		23,130.	
17 10					
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings	210,426.	210,426.		
19 20		210,120.	210,420.		
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
22 23	Insurance	68,917.		68,917.	
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
c					
d					
e					
25	Total functional expenses. Add lines 1 through 24e	1,024,334.	884,742.	139,592.	0
26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

## 11000501 807818 NAN9598

10 2022.05090 THE NANTUCKET PROJECT ACADE NAN95981

11000501 807818 NAN9598

205,766.

255,766.

589,555.

50,000.

27

28

29

30

31

32

33

### THE NANTUCKET PROJECT ACADEMY, INC. Part X Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments			2	
Pledges and grants receivable, net			3	
Accounts receivable, net			4	
Loans and other receivables from any current o	r former officer, director,			
trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
controlled entity or family member of any of the	se persons		5	
Loans and other receivables from other disqual	ified persons (as defined			
under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
Notes and loans receivable, net			7	
Inventories for sale or use			8	
Prepaid expenses and deferred charges		78,750.	9	150,000.
Land, buildings, and equipment: cost or other				
basis. Complete Part VI of Schedule D	10a			
Less: accumulated depreciation	10b		10c	
Investments - publicly traded securities			11	
Investments - other securities. See Part IV, line			12	
Investments - program-related. See Part IV, line	11		13	
Intangible assets			14	
Other assets. See Part IV, line 11			15	
Total assets. Add lines 1 through 15 (must equ		589,555.		192,551.
Accounts payable and accrued expenses		19,063.	17	62,309.
Grants payable			18	
Deferred revenue			19	
Tax-exempt bond liabilities			20	
Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Loans and other payables to any current or forr	ner officer, director,			
trustee, key employee, creator or founder, subs	tantial contributor, or 35%			
controlled entity or family member of any of the	se persons		22	
Secured mortgages and notes payable to unrel	ated third parties		23	
Unsecured notes and loans payable to unrelate	d third parties		24	
Other liabilities (including federal income tax, pa	yables to related third			
parties, and other liabilities not included on lines			-	
of Schedule D	314,726.		0.	
Total liabilities. Add lines 17 through 25		333,789.	26	62,309.

X

(A)

Beginning of year

510,805.

1

(B)

End of year

42,551.

0.

130,242.

130,242.

192,551.

Form 990 (2022)

Form 990 (2022)

6

7

8 9 10a

b

Assets

	L
ŝ	L
es	
÷	L
Ξ.	L
	L
-0	L
B	L
	L

23 24 25

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Form	1990 (2022) THE NANTUCKET PROJECT ACADEMY, INC.	82-	-1949598	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,024	4,3	34.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12	5,5	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25	5,7	66.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	130	0,2	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	6,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				<u>.</u> _
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

# 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.

OMB No. 1545-0047
2022
Open to Public Inspection

Interna	Reve	nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.		Inspection	
Nam	e of t	the organizat	ion						Employer	identification number	
					PROJECT ACAD					2-1949598	
Par	t I	Reason	for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	ee instructior	าร.		
The c	organ	ization is not a	a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1	-	A church, co	nvention of ch	nurches, or association	on of churches described	d in <b>sectio</b>	on 170(b)(	1)(A)(i).			
2		A school des	scribed in <b>sect</b>	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)					
3					anization described in <b>s</b> e		0(b)(1)(A)(i	ii).			
4					njunction with a hospital				)(iii). Enter	the hospital's name,	
		city, and stat	te:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, sta	ate, or local go	overnment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organizat	ion that norma	ally receives a substa	antial part of its support f	rom a gov	/ernmental	unit or from t	he general	public described in	
		section 170	( <b>b)(1)(A)(vi).</b> (C	Complete Part II.)							
8		A community	/ trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research or	ganization described	l in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-	grant college of agric	culture (see instructions).	Enter the	e name, city	y, and state o	f the colleg	e or	
		university:									
10		An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from	
		activities rela	ated to its exer	mpt functions, subje	ct to certain exceptions;	and (2) no	o more thai	n 33 1/3% of	its support	from gross investment	
					e (less section 511 tax) fr	om busine	esses acqu	ired by the or	rganization	after June 30, 1975.	
				omplete Part III.)							
11		-	-	-	ively to test for public sa	•					
12		-	-		ively for the benefit of, to				-		
					ed in <b>section 509(a)(1)</b> o					heck the box on	
		-	-		of supporting organizatio		-		-		
а					supervised, or controlled						
					gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	upporting	
		7 -		complete Part IV, Se							
b					d or controlled in connec			-		-	
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ропеа	
_		¬ ~	. ,	st complete Part IV,					llu interret	a alith	
С					g organization operated				illy integrate	ed with,	
لم					s). You must complete I				rtad araani	ination (a)	
d					porting organization oper zation generally must sat				-		
					nplete Part IV, Sections				u an alleni	IVEI IESS	
е		- ·			written determination fro						
e	L		•		mally integrated support			а туре ї, туре	in, type in		
f	Ente					0 0					
				n about the supporte							
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	f monetary	(vi) Amount of other	
		organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
				1							

## Schedule A (Form 990) 2022

## THE NANTUCKET PROJECT ACADEMY, INC.

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						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1068284.	1478426.	895,642.	1265660.	813,810.	5521822.
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.	813,810.	5521822.
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)						3884437.
	Public support. Subtract line 5 from line 4.						1637385.
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 5521822.
7	Amounts from line 4	1068284.	1478426.	895,642.	1265660.	813,810.	5521822.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5521822.
11	Total support. Add lines 7 through 10						135,000.
12	Gross receipts from related activities			· · · · · · · · · · · · · · · · · · ·			135,000.
13	First 5 years. If the Form 990 is for the				-		
Sor	organization, check this box and stor ction C. Computation of Publ		rcontago			<u></u>	L
-	Public support percentage for 2022 (			oolump (f))		14	29.65 %
	Public support percentage for 2022 ( Public support percentage from 2021					15	<u>29.05 %</u> %
	33 1/3% support test - 2022. If the						
104	stop here. The organization qualifies	-					
h	<b>33 1/3% support test - 2021.</b> If the o						
Ň	and stop here. The organization qua	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	in now the organiz	V
b	10% -facts-and-circumstances tes	•	• •		•		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				
							(Form 990) 2022

Schedule A (Form 990) 2022

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Part III	Support Schedule for	or Organizations	Described in S	Section 50	)9(a
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(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

Sei	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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- iness under section 513						
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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th		rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and <b>stop here</b>				-		
See	ction C. Computation of Pub						
15	Public support percentage for 2022 (	(line 8, column (f), (	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage	1			
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, ch	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
2320	23 12-09-22					Sched	ule A (Form 990) 2022
				15			•

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2022

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# Schedule A (Form 990) 2022 THE NANTUCKET PROJECT ACADEMY, INC. Part 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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		1

			Yes	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

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

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

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

За

Yes No

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Schedule A (Form 990) 2022
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Schedule A	(Form 990) 2022	2 THE	NANTUCKET	PROJECT	ACADEMY,	INC.
Part V	Type III No	n-Functionally	Integrated 509(	a)(3) Support	ing Organiza	tions

1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on l	Nov. 20, 1970 (explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		d Type III supporting or	

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	<u>ued)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION IS COMMITTED TO PROVIDING THE PUBLIC WITH ALTERNATE VIEWS

AND INFORMATION NOT NORMALLY COMMUNICATED IN MAINSTREAM MEDIA. THIS IS

THROUGH THOUGHTFUL SOURCING OF KNOWLEDGEABLE INDIVIDUAL OR ORGANIZATIONS

IN VARIOUS FIELDS AND BRINGING THEIR STORY TO THE STAGE DURING LIVE

GATHERINGS OR VIRTUALLY THROUGH OR DOCUMENTARIES AND SHORT FILMS. WE

SOLICIT FUNDING THROUGH LIKE MINDED DONORS AND FOUNDATIONS WHO SUPPORT

THIS ENDEAVOR.

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Schedule A (Form 990) 2022 20 **SCHEDULE D** 

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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



Employer identification number

	THE NANTUCKET PROJ	ECT ACADEMY, INC	•	82-1949598
Par				ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			,
		(a) Donor advised funds	s   (	<b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
2				
	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any othe	r purpose confei	
Der				
Par			orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (for example, recrea	ation or education)	rvation of a histo	prically important land area
	Protection of natural habitat	Prese	rvation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution ir	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			nization during the tax
-	year			
4	Number of states where property subject to conservation ea	esement is located		
5	Does the organization have a written policy regarding the pe		ndling of	
Ū	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations and enfo	rcina conservati	on easements during the year
Ŭ			teing conservati	on casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing	conservation ea	asements during the year
•				accimente daning the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of se	action $170(h)(4)(F$	3)/i)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
9	balance sheet, and include, if applicable, the text of the foot		•	
		note to the organization's linanc	iai statements ti	lat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasur	es or Other	Similar Assets
I UI	Complete if the organization answered "Yes" on Forn	•		omilar Assets.
10			atomost and ba	lange aboat works
Ia	If the organization elected, as permitted under FASB ASC 98	· ·		
	of art, historical treasures, or other similar assets held for pu			ince of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 99			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or resea	rch in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		÷ .	provide
	the following amounts required to be reported under FASB $\ensuremath{\sc A}$	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.		Schedule D (Form 990) 2022
23205	09-01-22			
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	dule D (Form 990) 2022 THE NAN	TUCKET PRO					49598 <b>ts</b> (contin		ige <b>2</b>
3	Using the organization's acquisition, access			-			(	/	
	collection items (check all that apply):	,	,,,	- · · · · · · · · · · · · · · · · · · ·					
а	Public exhibition	d	I 🗌 Loan or ex	change program					
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's e	exempt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's	collection?		🗀	Yes		No
Par	t IV Escrow and Custodial Arran	igements. Comple	ete if the organizat	ion answered "Yes"	on Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ons or other assets	not included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance								
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII					<u></u>			]
Par	<b>t V</b> Endowment Funds. Complete					ana haali	() [		haali
		(a) Current year	(b) Prior year	(c) Two years bac	(a) Three yea	ILS DACK	(e) Four	years	раск
1a	Beginning of year balance			_	_				
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
-	End of year balance			(-))   -					
2	Provide the estimated percentage of the cur	rent year end baland		(a)) held as:					
a L	Board designated or quasi-endowment	%	_%						
b	Permanent endowment	% %							
С	Term endowment The percentages on lines 2a, 2b, and 2c sho								
30	Are there endowment funds not in the posse	-	ation that are hold	and administored f	or the				
Ja	organization by:	ession of the organiz	ation that are new	and administered in			Г	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the			•• ••••••••••••••••••••••••••••••••••••					
	t VI Land, Buildings, and Equipn								
	Complete if the organization answere		0, Part IV, line 11a.	See Form 990, Par	t X, line 10.				
	Description of property	(a) Cost or o basis (investr		•	Accumulated		(d) Book	value	}
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)					0.

Schedule D (Form 990) 2022

232052 09-01-22

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12.	end-of-vear market value
Financial derivatives	No Dook value		and or your market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	n Form 000 Dart IV line	110 Cos Form 000 Port V line 12	
Complete if the organization answered "Yes" o (a) Description of investment			and of year market yely
	(b) Book value	(c) Method of valuation: Cost or	enu-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" o         (a) D         (1)         (2)         (3)         (4)         (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (b) Part X other Liabilities. Complete if the organization answered "Yes" o (c) Complete if the organization answered "Yes" o (c) Complete if the organization of the organizatio of the organization of the organizatio of the organizatio of	15.)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       other Liabilities.         Complete if the organization answered "Yes" or (b) must equal Form 990, Part X, col. (B) line	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (2)         (1)       (2)         (1)       (2)         (1)       (2)	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (1)         Other Liabilities.       Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (5)         (6)       (7)         (8)       (9)         Other Liabilities.       Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		25.
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) D         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)       (5)         (6)       (7)         (8)       (9)         Other Liabilities.       Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	15.)		25.

THE NANTUCKET PROJECT ACADEMY, INC.

82-1949598 Page 3

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Schedule D (Form 990) 2022

_	dule D (Form 990) 2022 THE NANTUCKET PROJECT ACAI			-1949598 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	898,810.
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	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			898,810.
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 <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Do				
га	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Ex	cpenses per Re	turn.
Fa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	· · ·	
<u>га</u> 1		a.	· · ·	1 004 004
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	· · ·	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements	a.	· · ·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. <b>2a</b>	· · ·	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	· · ·	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 	· · ·	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	a. 2a 2b 2c 2c 2d	1	1,024,334.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	a. 2a 2b 2c 2c 2d	1	1,024,334. 0.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d	1	1,024,334.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	a. 2a 2b 2c 2d	1	1,024,334.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2c 2d  2d	1	1,024,334. 0. 1,024,334.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2c 2d 4a 4b	1	1,024,334. 0. 1,024,334.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d 4a 4b	1	1,024,334. 0. 1,024,334.

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

## PART X, LINE 2:

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 YEAR PRESENTED, THE ORGANIZATION HAS
NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX
POSITIONS BASED ON THIS EVALUATION.

29

232054 09-01-22

Schedule D (Form 990) 2022 Part XIII Supplemental In	THE NANTUCKET	PROJECT	ACADEMY,	INC.	82-1949598 <sub>P</sub>	age <b>5</b>
Part XIII Supplemental In	formation (continued)					
					Schedule D (Form 990	) 2022
232055 09-01-22		~ ~			-	
		30				

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SCHEDULE L	•
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### (Form 990)

Part I

## 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
2022

**Open To Public** 

Inspection

Department of the Treasury Internal Revenue Service

Ν	lame	of	the	orgai	nization
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### Employer identification number 19598

THE	NANTUCKET	PROJECT	ACADEMY,	INC.	82-194

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disgualified person		(b) Relationship between disqualified	(a) Description of transaction		(d) Cor	(d) Corrected?		
	(a) Name of disqualmed person	person and organization	(c) Description of transaction	Description of transaction		No		
2	Enter the amount of tax incurred by	the organization managers or disqualifie	ed persons during the year under					
	section 4958			\$				
3	B Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$							

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	) Purpose of loan (d) Loan to o from the organization?		<b>(e)</b> Original principal amount	(e) Original (f) Balance due orincipal amount		In ault?	(h) Approved by board or committee?		<b>(i)</b> Written agreement?	
		То	From			Yes	No	Yes	No	Yes	No
Total		 		\$							

### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990) 2022

232131 11-01-22

					DEMY, INC	. 82-1949	9598	Page <b>2</b>
Part	IV Business Transactions Involv Complete if the organization answered	-			8h or 28c			
	(a) Name of interested person	(b) Relationsh	nip between int nd the organiza	erested	(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's nues?
THE	NANTUCKET PROJECT, LLC	LLC CON	TROLED E	BY KA	150,00	0.REIMBURSEME	Yes	No X
Part	V Supplemental Information. Provide additional information for respo	nses to questi	ons on Schedu	le L (see	instructions).			
SCH	L, PART IV, BUSINESS T	RANSACT	IONS INV	OLVI	NG INTERE	STED PERSONS:		
(A)	NAME OF PERSON: THE NA	NTUCKET	PROJECI	', LL	С			
(B)	RELATIONSHIP BETWEEN I	NTERESTI	ED PERSC	N AN	D ORGANIZ	ATION:		
LLC	CONTROLED BY KATE BROS	NAN WHO	IS ON N	IANTU	CKET PROJ	ECT ACADEMY E	BOARD	
(C)	AMOUNT OF TRANSACTION	\$ 150,00	00.					
(D)	DESCRIPTION OF TRANSAC	TION: RI	EIMBURSE	MENT	OF EXPEN	SES TO THE		
NAN'	TUCKET PROJECT, LLC.							
(E)	SHARING OF ORGANIZATIO	N REVEN	UES? = N	10				
						0-6-6-1-1-1	(Farris 6)	0) 0000
						Schedule L	(r orm 99	7U) 2022

232132 11-01-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

THE NANTUCKET PROJECT ACADEMY, INC.

82-1949598

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 2022, 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, 2022.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT MAINTAIN ANY BOARD MINUTES DURING 2022.

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	в,	LINE	12C:	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
THE NANTUCKET PROJECT ACADEMY, INC.	82-1949598
THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FRO	OM ALL BOARD
MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DIS	SCLOSURE OF ANY
POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A	A DISCLOSURE
STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE I	DIS-INTERESTED
BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS I	REQUIRED TO LEAVE
THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSS	SION AND DECISION
MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PRO	OCEDURES 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 AFT	ER 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:	
FILM PRODUCTION & PROGRAM EVENT COSTS:	
PROGRAM SERVICE EXPENSES	566,407
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	566,407
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	7,985
FUNDRAISING EXPENSES	0
	7,985
TOTAL EXPENSES 232212 10-28-22 2.4	, 985 Schedule O (Form 990) 202
34 000501 807818 NAN9598 2022.05090 THE NANTUCKET PROJ	ECT ACADE NAN95981

Name of th	e organizati	on THI	E NZ	ANTUCI	KET P	ROJEC	Г АС	ADEMY	, INC	•		Employer ide 82-19	entification nur 949598
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		574,39
232212 10-28	-22							35				Schedul	e O (Form 990)