

990Department 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.

OMB No. 1545-0047

2022Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning 03/01/22, and ending 02/28/23**

B Check if applicable	C Name of organization THANKSGIVING POINT INSTITUTE, INC.	D Employer identification number 84-1416158
Address change	Doing business as	
Name change	Number and street (or P.O. box if mail is not delivered to street address) 3003 N. THANKSGIVING WAY	
Initial return	State/Province UT	Telephone number 801-768-4948
Final return terminated	City or town, state or province, country, and ZIP or foreign postal code LEHI 84043	
Amended return	F Name and address of principal officer MCKAY F CHRISTENSEN	
Application pending	G Gross receipts 45,743,995	

I Tax-exempt status 501(c)(3) 501(c)(4) () insert no. 4947(a)(1) pr 527J Website: **WWW.THANKSGIVINGPOINT.ORG**K Form of organization Corporation Trust Association Other L Year of formation **1997** M State of legal domicile **UT****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BRING THE JOY OF LEARNING AND WONDERS OF THE NATURAL WORLD TO LIFE.	
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3 9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 5
Expenses	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 1006
	6 Total number of volunteers (estimate if necessary)	6 1406
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 6,208,342
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1b)	25,866,764	15,378,097
9 Program service revenue (Part VIII, line 2g)	13,214,894	17,651,111
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,268	236,741
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,199,936	6,696,260
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,287,862	39,962,209
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,714,398	14,479,002
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25)	1,565,118	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,213,978	16,697,970
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	25,928,376	31,176,972
19 Revenue less expenses. Subtract line 18 from line 12	19,359,486	8,785,237
Beginning of Current Year		End of Year
20 Total assets (Part X, line 16)	83,874,144	92,421,837
21 Total liabilities (Part X, line 26)	9,277,088	9,067,619
22 Net assets or fund balances. Subtract line 21 from line 20	74,597,056	83,354,218

Part II Signature Block

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

Sign Here	Signature of officer MCKAY F CHRISTENSEN	Date
	Type or print name and title CEO & TRUSTEE	
Paid Preparer Use Only	Print/Type preparer's name JAMES C. SAVAS	Preparer's signature
		Date 01/12/24
		Check if PTIN self-employed
		PTIN P00162171
	Firm's name COOPER SAVAS LLC	Firm's EIN 27-5169784
	6405 SOUTH 3000 EAST # 201	
	SALT LAKE CITY, UT 84121-6990	Phone no. 801-453-2080

May the IRS discuss this return with the preparer shown above? See instructions Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAA

Form 990 (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

TO BRING THE JOY OF LEARNING AND WONDERS OF THE NATURAL WORLD TO LIFE.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 22,595,308 including grants of\$) (Revenue \$ 17,651,111)
SEE SCHEDULE O

4b (Code:) (Expenses \$ _____ including grants of\$ _____) (Revenue \$ _____)
N/A

4c (Code:) (Expenses \$ _____ including grants of\$ _____) (Revenue \$ _____)
N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ 4,013,982 including grants of\$)

4e Total program service expenses 26,609,290

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 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? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for 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 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c 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 18? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
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? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 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 Schedule K. If "No," go to line 25a.	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c	X
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 contributions? If "Yes," complete Schedule M.	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	1a	1b	1c	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	83			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1006
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	<input checked="" type="checkbox"/>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	6a	<input checked="" type="checkbox"/>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	<input checked="" type="checkbox"/>
7	Organizations that may receive deductible contributions under section 170(c).	7b	<input checked="" type="checkbox"/>
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?	7c	<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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.		
a	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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, 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? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	9
1b		1b	5
2		2	<input checked="" type="checkbox"/>
3		3	<input checked="" type="checkbox"/>
4		4	<input checked="" type="checkbox"/>
5		5	<input checked="" type="checkbox"/>
6		6	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15	<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16a	<input checked="" type="checkbox"/>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16b	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed UT
 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O)

- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
and financial statements available to the public during the tax year.

- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

**ALLEN ASH
LEHI**

3003 NORTH THANKSGIVING POINT WAY

UT 84043

801-768-4948

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b	6,557,538			
c Fundraising events	1c				
d Related organizations	1d	3,608,500			
e Government grants (contributions)	1e	1,708,679			
f All other contributions, gifts, grants, and similar amounts not included above	1f	3,503,380			
g Noncash contributions included in lines 1a-1f	1g	5 2,985,993			
h Total, Add lines 1a-1f		15,378,097			
Program Service Revenue					
2a PROGRAM REVENUE					
b NON-EXEMPT ACTIVITIES					
c SPONSORSHIP REVENUE					
d MISCELLANEOUS REVENUE					
e MISCELLANEOUS REVENUE					
f All other program service revenue					
g Total, Add lines 2a-2f		17,651,111			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	6a	(i) Real 1,469,155	(ii) Personal		
b Less rental expenses	6b				
c Rental inc. or (loss)	6c	1,469,155			
d Net rental income or (loss)			1,469,155	572,785	896,370
7a Gross amount from sales of assets other than inventory	7a	(i) Securities 5,602,500	(ii) Other 27,578		
b Less: cost or other basis and sales exps	7b	5,576,688			
c Gain or (loss)	7c	25,812	27,578		
d Net gain or (loss)			53,390	23,462	29,928
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	331,595			
b Less: direct expenses	8b	205,098			
c Net income or (loss) from fundraising events			126,497		
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	5,100,608			
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory		5,100,608	5,100,608		
Miscellaneous Revenue					
11a					
b					
c					
d All other revenue					
e Total, Add lines 11a-11d					
12 Total revenue. See instructions		39,962,209	18,249,273	6,208,342	0

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Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,634,095	10,815,857	1,181,010	637,228
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	992,080	779,990	177,556	34,534
10 Payroll taxes	852,827	767,465	45,814	39,548
11 Fees for services (nonemployees):				
a Management				
b Legal	21,030	10,515	10,515	
c Accounting	178,112		67,850	110,262
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	708,385	84,234	616,184	7,967
13 Office expenses	446,150	413,662	15,089	17,399
14 Information technology				
15 Royalties				
16 Occupancy	1,205,735	1,130,481	66,558	8,696
17 Travel	50,232	47,021	3,175	36
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	98,525	87,371	11,154	
20 Interest	43,015	1,135	654	41,226
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,381,032	3,139,116	203,990	37,926
23 Insurance	354,218	341,258	11,650	1,310
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COGS	4,013,982	4,013,982		
b OUTSIDE SERVICES	1,861,029	1,786,261	70,109	4,659
c SUPPLIES	1,000,142	994,181	5,332	629
d BANK & CREDIT CARD CHARGE	962,446	805,402	75,454	81,590
e All other expenses	2,373,937	1,391,359	440,470	542,108
25 Total functional expenses. Add lines 1 through 24e	31,176,972	26,609,290	3,002,564	1,565,118
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 11

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	20,934,258	14,560,761
	3 Pledges and grants receivable, net	3,658,939	4,493,458
	4 Accounts receivable, net	94,809	261,171
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	423,375	460,603
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 99,515,229	
	b Less: accumulated depreciation	10b 43,903,494	56,015,361 10c 55,611,735
	11 Investments—publicly traded securities	11	10,335,731
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15 2,747,402	6,698,378
	16 Total assets. Add lines 1 through 15 (must equal line 33)	16 83,874,144	92,421,837
Liabilities	17 Accounts payable and accrued expenses	17 2,005,470	2,669,018
	18 Grants payable	18	
	19 Deferred revenue	19 2,995,895	4,296,078
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22 2,273,009	
	23 Secured mortgages and notes payable to unrelated third parties	23 1,013,539	1,038,647
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25 989,175	1,063,876
	26 Total liabilities. Add lines 17 through 25	26 9,277,088	9,067,619
	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	27 74,597,056	83,354,218
	28 Net assets with donor restrictions	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	32 74,597,056	83,354,218
	33 Total liabilities and net assets/fund balances	33 83,874,144	92,421,837

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck 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	39,962,209
2 Total expenses (must equal Part IX, column (A), line 25)	2	31,176,972
3 Revenue less expenses. Subtract line 2 from line 1	3	8,785,237
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,597,056
5 Net unrealized gains (losses) on investments	5	-28,075
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	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	83,354,218

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2022)

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

THANKSGIVING POINT INSTITUTE, INC.Employer identification number
84-1416158**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(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 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,563,998	8,810,665	11,553,755	25,866,764	15,378,097	82,273,279
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,114,592	10,895,967	7,295,631	15,158,752	18,557,406	61,032,348
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	29,778,590	19,706,632	18,849,386	41,035,516	33,935,503	143,305,627
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14,187,229	1,130,000	4,189,261	1,049,863	3,608,500	24,163,853
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,281,934	1,590,155	2,007,295	15,159,671	3,269,268	23,308,323
c Add lines 7a and 7b	15,469,163	2,720,155	6,196,556	16,208,534	6,877,768	47,472,176
8 Public support. (Subtract line 7c from line 6.)						95,833,451

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	29,778,590	19,706,632	18,849,386	41,035,516	33,935,503	143,305,627
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,821	14,552	6,023	3,771	183,351	226,518
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18,821	14,552	6,023	3,771	183,351	226,518
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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	29,797,411	19,721,184	18,855,409	41,039,287	34,118,854	143,532,145
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	66.77 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	65.09 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		X
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- 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?
 - A family member of a person described on line 11a above?
 - 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
 - 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.
- 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.
 - 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.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
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	

Section B – Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e 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	

Section 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.		1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.		2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations		3
4 Amounts paid to acquire exempt-use assets		4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		5
6 Other distributions (describe in Part VI). See instructions.		6
7 Total annual distributions. Add lines 1 through 6.		7
8 Distributions to attentive supported organizations to which the organization is responsive (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
Section E – Distribution Allocations (see instructions)		
		(i) Excess Distributions
		(ii) Underdistributions Pre-2022
		(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2022		
a From 2017		
b From 2018		
c From 2019		
d From 2020		
e From 2021		
f Total of lines 3a through 3e		
g Applied to underdistributions of prior years		
h Applied to 2022 distributable amount		
i Carryover from 2017 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2022 from Section D, line 7.	\$	
a Applied to underdistributions of prior years		
b Applied to 2022 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2023. Add lines 3j and 4c.		
8 Breakdown of line 7.		
a Excess from 2018		
b Excess from 2019		
c Excess from 2020		
d Excess from 2021		
e Excess from 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.)

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2022Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
THANKSGIVING POINT INSTITUTE, INC.	84-1416158
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation <input type="checkbox"/> 527 political organization Form 990-PF <input type="checkbox"/> 501(c)(3) exempt private foundation <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation <input type="checkbox"/> 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes; but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Schedule B (Form 990) (2022)

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Name of organization

THANKSGIVING POINT INSTITUTE, INC.Employer identification number
84-1416158**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,108,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 897,199	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 405,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,500,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,990,636	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THANKSGIVING POINT INSTITUTE, INC.Employer identification number
84-1416158**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	WOOD CARVING	\$ 8,500	08/03/22
4	DINOSAUR SKELETON	\$ 2,500,000	11/01/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

Employer identification number

THANKSGIVING POINT INSTITUTE, INC.**84-1416158****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Schedule D (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- | | |
|--|---|
| a <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange program |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other |
| c <input type="checkbox"/> Preservation for future generations | |

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No **Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

- b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Yes No **Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Yes	No
3a(i)	
3a(ii)	
3b	

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,331,179		14,331,179
b Buildings		35,182,819	8,265,019	26,917,800
c Leasehold improvements		18,210,498	16,818,050	1,392,448
d Equipment		5,281,187	4,227,445	1,053,742
e Other		26,509,546	14,592,980	11,916,566

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

55,611,735

Schedule D (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

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Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category including name of security	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DINOSAUR SKELETONS	4,778,965
(2) CONSTRUCTION IN PROGRESS	1,389,501
(3) DEPOSITS / PREPAIDS	389,025
(4) RIGHT OF USE ASSET	140,887
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

6,698,378

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEPOSITS	514,849
(3) UNREDEEMED GIFT CARDS	395,582
(4) LEASE LIABILITY	140,887
(5) 401 K WH	12,558
(6)	
(7)	
(8)	
(9)	

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

1,063,876

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

Schedule D (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	39,962,209
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	39,962,209
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	39,962,209

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	31,176,972
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	31,176,972
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,176,972

Part XIII Supplemental Information.

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.

Schedule D (Form 990) 2022 **THANKSGIVING POINT INSTITUTE, INC.** 84-1416158
Part XIII Supplemental Information (continued)

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**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization:

THANKSGIVING POINT INSTITUTE, INC.

Employer identification number

84-1416158**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(ii) Name and address of individual or entity (fundraiser)	(iii) Activity	(iv) Did fund-raiser have custody or control of contributions?	(v) Gross receipts from activity	(vi) Amount paid to (or retained by) fundraiser listed in col. (ii)	(vii) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 GALA (event type)	(B) Event #2 DISCOVERY CUP (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts 239,830	91,765		331,595
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2) 239,830	91,765		331,595
Direct Expenses	4 Cash prizes			
	5 Noncash prizes 128,584	22,508		151,092
	6 Rent/facility costs 1,540	3,220		4,760
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses 5,083	44,163		49,246
	10 Direct expense summary. Add lines 4 through 9 in column (d)			205,098
	11 Net income summary. Subtract line 10 from line 3, column (d)			126,497

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor <input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:

- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

- b If "Yes," explain:

Schedule G (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

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- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | |
|-------------------------------|-------|
| a The organization's facility | 13a % |
| b An outside facility | 13b % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

 Director/officer Employee Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization**Compensation Information**
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0547

2022Open to Public
Inspection**THANKSGIVING POINT INSTITUTE, INC.**Employer identification number
84-1416158**Part I Questions Regarding Compensation**

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

	Yes	No
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2

- 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

- 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?

4a	X
4b	X
4c	X

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?

5a	X
5b	X

- b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?

6a	X
6b	X

- b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7	X
8	X

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

- 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9	

Schedule J (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

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Part III Supplemental Information

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

SCHEDULE L

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization:

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

2022Open To Public
Inspection

THANKSGIVING POINT INSTITUTE, INC.

Employer identification number

84-1416158

Part I**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 disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 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	(c) Purpose of loan	(d) Loan to or from the org?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
						To	From	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
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	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

OMB No. 1545-0047

2022**Open To Public
Inspection**

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

Attach to Form 990.

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

Employer identification number

84-1416158**THANKSGIVING POINT INSTITUTE, INC.****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()	X	3	2,985,993	
26 Other ()				
27 Other ()				
28 Other ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

Schedule M (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 2

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

THANKSGIVING POINT INSTITUTE HAS SECURITY ACCOUNTS WITH MERRILL LYNCH AND MORGAN STANLEY WHICH RECEIVE AND SELL DONATED SECURITIES ON BEHALF OF THE INSTITUTE. IN 2023, THE TAXPAYER RECEIVED IN-KIND DONATIONS FROM SEVERAL BUSINESS THAT DONATED VARIOUS PRODUCTS TO THE ORGANIZATION SUCH AS DINOSAUR SKELETONS, SOFTWARE, COMPUTER EQUIPMENT AND EDUCATION PROGRAMS. THE FAIR MARKET VALUE OF THE IN-KIND DONATIONS WERE AGREED UPON BY THE TAXPAYER AND THE DONEE AND THE TAXPAYER HAS THE NECESSARY DOCUMENTATION TO SUPPORT THE DONATIONS RECEIVED.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

THANKSGIVING POINT INSTITUTE, INC.**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No. 1545-0047

2022Open to Public
InspectionEmployer identification number
84-1416158**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

THANKSGIVING POINT INSTITUTE IS A 170-ACRE MUSEUM, GARDEN AND FARM COMPLEX FOUNDED AS A GIFT TO UTAH AND THE SURROUNDING COMMUNITIES. OUR MISSION IS TO BRING THE JOY OF LEARNING AND THE WONDERS OF THE NATURAL WORLD TO LIFE. IN OUR EXPERIENCE, WHEN CURIOSITY, DISCOVERY AND SHARING BEGIN, WE ARE MORE LIKELY TO BE INSPIRED, OPTIMISTIC AND ENERGIZED. THEREFORE, WHETHER IT'S BUGS OR BUTTERFLIES, TULIPS OR TYRANASOURI, THE NATURAL WORLD EXPERIENCES WE BRING TO OUR COMMUNITY ARE UNIQUE AND LIFE CHANGING.

IN THE 2022-23 TAX YEAR, WE EXPERIENCED OVER 2.4 MILLION GUEST VISITS. MOST GUESTS CAME TO VISIT ONE OF OUR MUSEUMS OR GARDEN EVENTS AND TENS OF THOUSANDS CAME AS PART OF OUR EDUCATIONAL AND CULTURAL EVENTS.

FOR EXAMPLE, THE TULIP FESTIVAL HELD IN ASHTON GARDENS IS A FAVORITE OF THE COMMUNITY. A LARGE PERCENTAGE OF THE 300,000 TULIP BULBS ARE PLANTED BY VOLUNTEERS. IN TOTAL, VOLUNTEERS WORKED 2,933 HOURS TO HELP MAKE THE TULIP FESTIVAL A SUCCESS. IN 2022-23, 1,406 VOLUNTEERS GAVE 17,594 HOURS TO VARIOUS COMMUNITY-ORIENTED EFFORTS AT THANKSGIVING POINT.

MUCH OF THE SUPPORTING REVENUE OF THANKSGIVING POINT IS GENERATED THROUGH OUR FIVE PRIMARY VENUES: ASHTON GARDENS, MUSEUM OF ANCIENT LIFE, THE MUSEUM OF NATURAL CURIOSITY, THE BUTTERFLY BIOSPHERE, AND FARM COUNTRY. WITHIN EACH OF THESE VENUES WE EMPLOY ASPIRING EDUCATORS WHO LEARN ON-THE-JOB HOW TO FACILITATE LEARNING AND GUIDE GUESTS IN THE EXPLORATION OF NATURAL WORLD SCIENCE. WE ALSO UTILIZE EXPERIENCED VOLUNTEERS WHO ARE SKILLED AT HELPING GUESTS DISCOVER THE WONDERS OF NATURE.

INTEGRAL TO THE THANKSGIVING POINT MISSION ARE THE INTERACTIVE LEARNING EXPERIENCES ORGANIZED TO AID CHILDREN IN THEIR LEARNING OF SCIENCE. LAST

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

THANKSGIVING POINT INSTITUTE, INC.84-1416158

YEAR, OVER 20,982 3RD AND 8TH GRADE STUDENTS WERE PART OF FREE SCIENCE AND ENGINEERING PROGRAMS OFFERED BY THANKSGIVING POINT. THANKSGIVING POINT TYPICALLY HOSTS APPROXIMATELY 2,163 FIELD TRIPS AND OUTREACH CLASSES. THANKSGIVING POINT TEAMS ALSO TRAVEL TO SCHOOLS THROUGHOUT UTAH TO CONDUCT THESE HANDS-ON LEARNING EXPERIENCES. WHEN COVID-19 RESTRICTIONS CAME ABOUT, WE PIVOTED TO HOSTING VIRTUAL CLASSES AS WELL.

LAST YEAR, 480 K-12 PUBLIC SCHOOL TEACHERS RECEIVED FREE TEACHER PROFESSIONAL DEVELOPMENT ON-SITE AND ONLINE THROUGH THANKSGIVING POINT INSTITUTE. IN ADDITION, OVER 320 HOME SCHOOL STUDENTS ATTENDED HOMESCHOOL DAYS AT THANKSGIVING POINT. MY TECH HIGH SERVES HOMESCHOOL STUDENTS AS WELL, PROVIDING COLLABORATIVE SETTING WHERE STUDENTS LEARN TO EXPLORE TECH-ORIENTED SOLUTIONS AND TO DEVELOP THEIR OWN DESIGN IDEAS.

IN SUMMER MONTHS, THANKSGIVING POINT HOSTS APPROXIMATELY 76 SUMMER CAMPS. THESE CAMPS WELCOME CHILDREN OF ALL AGES AND BACKGROUNDS AND ARE FOCUSED ON A VARIETY OF LEARNING EXPERIENCES FROM DISCOVERING DINOSAURS TO CREATING UNIQUE ART TO EXPERIMENTING WITH STEM. THESE CAMPS INCLUDE AUTISM ADVENTURES CAMP. THIS DAY CAMP WELCOME AUTISTIC CHILDREN AGES 13 TO 18. THE CAMP HELPS STUDENTS THROUGH SEVEN STAGES OF ADVENTURE TO EXPAND THEIR CURRENT SOCIAL UNDERSTANDING AND APTITUDE.

ESSENTIAL TO OUR MISSION IS DIVERSITY AND INCLUSION. GUESTS OF ALL AGES, BACKGROUNDS, AND ABILITIES ARE WELCOMED. WE HAVE SENSORY BACKPACKS FOR CHILDREN ON THE AUTISM SPECTRUM AT THE MUSEUM OF NATURAL CURIOSITY, MUSEUM OF ANCIENT LIFE, AND THE BUTTERFLY BIOSPHERE. SUPER TUESDAYS IN AUGUST ALLOW GUESTS TO ENJOY ALL VENUES AT DISCOUNTED RATES AND PARTICIPATION IN THE NATIONAL MUSEUMS FOR ALL PROGRAM ALLOWS CHILDREN WITH FAMILIES ON SUPPLEMENTAL

NUTRITION ASSISTANCE PROGRAM (SNAP) OR SPECIAL SUPPLEMENTAL NUTRITION

Schedule O (Form 990) 2022

Name of the organization

THANKSGIVING POINT INSTITUTE, INC.

Employer identification number

84-1416158

PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) CARD TO GAIN YEAR-ROUND FREE ENTRANCE TO VENUES.

THANKSGIVING POINT ALSO PARTNERS WITH A VARIETY OF COMMUNITY ORGANIZATIONS. ONE EXAMPLE IS THE SOUTH FRANKLIN COMMUNITY CENTER BASED IN PROVO, UTAH. THIS CENTER SERVES CHILDREN ATTENDING TITLE I SCHOOLS. APPROXIMATELY 83% OF THE STUDENTS HERE ARE ECONOMICALLY DISADVANTAGED AND 63% COME FROM UNDER-REPRESENTED GROUPS. THANKSGIVING POINT PROVIDES VENUE TICKETS THROUGHOUT THE YEAR TO SOUTH FRANKLIN TO AID IN THEIR LEARNING AND LIFE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
COST OF GOODS SOLD ON UBIT SALES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ALAN ASHTON	KAREN ASHTON
-------------	--------------

TRUSTEE	TRUSTEE
---------	---------

SPOUSE	
--------	--

STEPHEN & SPENCER ASHTON	ALAN & KAREN ASHTON
--------------------------	---------------------

TRUSTEE	TRUSTEE
---------	---------

CHILDREN	
----------	--

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS REVIEWED BY THE ORGANIZATION'S CFO AND CEO. THE 990 IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR COMMENT AND REVIEW. AFTER THE COMMENT AND REVIEW PERIOD, ANY NECESSARY REVISIONS ARE MADE, AND THE 990 IS FINALIZED.

Schedule O (Form 990) 2022

Page 2

Name of the organization

THANKSGIVING POINT INSTITUTE, INC.

Employer identification number

84-1416158

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD MEMBERS, OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND
MANAGERS AT THANKSGIVING POINT INSTITUTE ARE REQUIRED TO COMPLETE A
CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY FOR REVIEW BY THE BOARD OF
DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
PROCESS IS THE SAME FOR THE CEO AND OTHER OFFICERS, SEE BELOW.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPENSATION PROCESS - WE HAVE A BUDGET PROCESS THAT INVOLVES PUTTING
TOGETHER DETAIL COMPENSATION INFORMATION. THIS INCLUDES HOURS WORKED AND
PAY RATE. IN ADDITION, HEALTH AND DENTAL BENEFITS ARE ALSO INCLUDED. ONCE
THIS HAS BEEN ENTERED INTO OUR BUDGET SPREADSHEETS, IT IS REVIEWED BY THE
CEO AND CFO. IN THE CASE OF HIGHLY COMPENSATED INDIVIDUALS OR BOARD
MEMBERS, THAT AMOUNT WOULD BE CALLED OUT AND APPROVED SEPARATELY BY THE
BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS - THANKSGIVING POINT INSTITUTE
THE PRIVATE LETTER RULING AND STATUS AS A PUBLIC CHARITY DOCUMENTS ARE
AVAILABLE UPON REQUEST. OUR TAX FILING FORM 990 IS AVAILABLE UPON
REQUEST. OUR WEBSITE ADDRESS IS WWW.THANKSGIVINGPOINT.ORG.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service
Name of the organization**Related Organizations and Unrelated Partnerships**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
InspectionEmployer identification number
84-1416158**THANKSGIVING POINT INSTITUTE, INC.****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile state (or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile state (or foreign country)	(d) External audit section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity
							Yes No
(1)							
(2)							
(3)							
(4)							
(5)							

Schedule R (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(4) Name, address, and EIN of related organization	Primary activity	(5) Legal entity status (state or foreign country)	(6) Direct controlling entity	(8) Percentage income includable excluded from line 34 (Form 990, Schedule R-1)	(9) Share of total income	(10) Share of includable year assets	(11) Disproportionate alloc?	(12) Total (10x11) amount in line 20 of Schedule R-1 (Form 990)	(13) Control of partner?		(14) Percentage ownership
									Yes	No	
(1) THANKSGIVING POINT DEVELOPMENT CO. 3200 WEST CLUBHOUSE DRIVE, STE 200 LEHI UT 84043 87-0535915	LEASING	UT	N/A				X		N/A		X
(2) M. AMERICAN MUSEUM OF ANCIENT LIFE 3200 WEST CLUBHOUSE DRIVE, STE 200 LEHI UT 84043 87-0636864	LEASING	UT	N/A				X		N/A		X
(3) KALAN INVESTMENTS, LC 3200 WEST CLUBHOUSE DRIVE, STE 200 LEHI UT 84043 87-0631723	INVESTMENT	UT	N/A				X		N/A		X
(4)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(4) Name, address, and EIN of related organization	Primary activity	(5) Legal entity (state or foreign country)	(6) Direct controlling entity	(8) Type of entity (Corporation or trust)	(9) Share of total income	(10) Share of includable year assets	(11) Percentage ownership	(12) Control of entity?	(13) Percentage of includable entity?	
									Yes	No
(1) ASHTON FAMILY FOUNDATION 3200 WEST CLUBHOUSE DRIVE, STE 200 LEHI UT 84043 87-0480108	INVESTMENT	UT	N/A	T						X
(2)										
(3)										
(4)										

DAA

Schedule R (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b. or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

	Yes	No
ta	X	
tb	X	
tc	X	
td	X	
te	X	
tf	X	
tg	X	
th	X	
ti	X	
uj	X	
tk	X	
tl	X	
tm	X	
tn	X	
to	X	
tp	X	
tz	X	
tr	X	
ts	X	

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

1a Name of related organization	1b Transaction type (line)	1c Amount involved	1d Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal entity (state or foreign entity)	(d) Proportion income includ- ed in tax under sections 512-514)	(e) Final partner status (S or K)	(f) Share of total income	(g) Share of undistributed assets	(h) Disproportionate allocation?	(i) Circle V—(if amount in line 25 of Schedule K-1 (Form 1065))	(j) General or Managing partner?		(k) Percentage ownership
									Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

Schedule R (Form 990) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 5

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form 990-TDepartment of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**For calendar year 2022 or other tax year beginning **03/01/22**, and ending **02/28/23**Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed.	Name of organization: <input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section: X 501 C H 3 408(e) <input type="checkbox"/> 220(e) 405A <input type="checkbox"/> 530(a) 529(a) <input type="checkbox"/> 529A	THANKSGIVING POINT INSTITUTE, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 3003 N. THANKSGIVING WAY City or town, state or province, country, and ZIP or foreign postal code. LEHI UT 84043	E Group exemption number (see instructions) 84-1416158
C Book value of all assets at end of year	92,421,837	F <input type="checkbox"/> Check box if an amended return.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/universityH Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) **1**K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporationL The books are in care of **ALLEN ASH** Telephone number **801-768-4948****Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Form 990-T (2022) THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 2

Part III Tax and Payments

1a			
b			
c			
d			
e	1e		
2	2		
3	3		
4	4		0
5	5		
6a			
b			
c			
d			
e			
f			
g	6g		
7	7		
8	8		
9	9		0
10	10		
11	11	Refunded	

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

1b Other credits (see instructions)

1c General business credit. Attach Form 3800 (see instructions)

1d Credit for prior year minimum tax (attach Form 8801 or 8827)

1e Total credits. Add lines 1a through 1d

2 Subtract line 1e from Part II, line 7

3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement)

4 Total tax. Add lines 2 and 3 (see instructions) Check if includes tax previously deferred under section 1294. Enter tax amount here

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

6a Payments: A 2021 overpayment credited to 2022

6b 2022 estimated tax payments. Check if section 643(g) election applies

6c Tax deposited with Form 8868

6d Foreign organizations: Tax paid or withheld at source (see instructions)

6e Backup withholding (see instructions)

6f Credit for small employer health insurance premiums (attach Form 8941)

6g Other credits, adjustments, and payments: Form 2439
Form 4136 Other Total

7 Total payments. Add lines 6a through 6g

8 Estimated tax penalty (see instructions). Check if Form 2220 is attached

9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed

10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid

11 Enter the amount of line 10 you want Credited to 2023 estimated tax Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	X	X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ -26,175,417 Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
453000	\$ 1,456,097
	\$
	\$
	\$

- 6a** Did the organization change its method of accounting? (see instructions) **X**
- b** If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)?	
	CEO & TRUSTEE			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of officer	Date	Title			
Paid Preparer Use Only	Print/Type preparer's name JAMES C. SAVAS	Preparer's signature	Date 01/12/24	Check <input type="checkbox"/> # PTIN self-employed	PTIN D00162171
	Firm's name COOPER SAVAS LLC			Firm's EIN 27-5169784	
	Firm's address 6405 SOUTH 3000 EAST # 201 SALT LAKE CITY, UT 84121-6990			Phone no. 801-453-2080	

SCHEDULE A
(Form 990-T)Department of the Treasury
Internal Revenue Service**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022Open to Public Inspection for
501(c)(3) Organizations Only**A Name of the organization****THANKSGIVING POINT INSTITUTE, INC.****B Employer identification number**
84-1416158**C Unrelated business activity code (see instructions)** **453000****D Sequence** **1** **of** **1****E Describe the unrelated trade or business** **UNRELATED BUSINESS ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	4,907,531		
b	Less returns and allowances		c Balance	
1c		4,907,531		
2	Cost of goods sold (Part III, line 8)	2	1,810,770	
3	Gross profit. Subtract line 2 from line 1c	3	3,096,761	3,096,761
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a	29,928	29,928
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	SEE STMT 1	1,270,883	1,270,883
13	Total. Combine lines 3 through 12	13	4,397,572	4,397,572

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	2,052,440
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	0
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	2,436,094
15	Total deductions. Add lines 1 through 14	15	4,488,534
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-90,962
17	Deduction for net operating loss. See instructions	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-90,962

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 2

Part III Cost of Goods Sold	Enter method of inventory valuation	COST METHOD
1 Inventory at beginning of year		1
2 Purchases		2 1,810,770
3 Cost of labor		3
4 Additional section 263A costs (attach statement)		4
5 Other costs (attach statement)		5
6 Total. Add lines 1 through 5		6 1,810,770
7 Inventory at end of year		7
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		8 1,810,770
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

- 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	
B	
C	
D	

2 Rent received or accrued	A	B	C	D
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

- 1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	
B	
C	
D	

2 Gross income from or allocable to debt-financed property	A	B	C	D
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends-received deductions included in line 10				

Schedule A (Form 990-T) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 3

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organization		
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)				
(2)				
(3)				
(4)				

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.
Enter here and on Part I, line 8, column (A).

Add columns 5 and 11.
Enter here and on Part I, line 8, column (B).

Totals				
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)				
1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2.
Enter here and on Part I, line 9, column (A).

Add amounts in column 5.
Enter here and on Part I, line 9, column (B).

Totals				
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)				
1. Description of exploited activity.				
2. Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)				2
3. Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)				3
4. Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7				4
5. Gross income from activity that is not unrelated business income				5
6. Expenses attributable to income entered on line 5				6
7. Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12				7

Schedule A (Form 990-T) 2022 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 4

Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A
 B
 C
 D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
--	---	---	---	---

2 Gross advertising income

- a Add columns A through D. Enter here and on Part I, line 11, column (A)

3 Direct advertising costs by periodical

- a Add columns A through D. Enter here and on Part I, line 11, column (B)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

- a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name _____ Employer identification number _____

THANKSGIVING POINT INSTITUTE, INC.**84-1416158**Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	5,602,500	5,576,688		25,812
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	25,812

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	4,116			4,116

11 Enter gain from Form 4797, line 7 or 9	11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	13
14 Capital gain distributions (see instructions)	14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	15 4,116

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16 25,812
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17 4,116
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.	18 29,928

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

THANKSGIVING POINT INSTITUTE, INC.**84-1416158**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (a) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
2022-2023 ASSET DISPOSALS								
	03/01/21	02/28/23		4,116				4,116
2 Totals.	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b [if Box D above is checked], line 9 [if Box E above is checked], or line 10 [if Box F above is checked]			4,116				4,116

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 990-T

Schedule A Loss Carryover Calculation
 Description UNRELATED BUSINESS ACTIVITY

2022

Name THANKSGIVING POINT INSTITUTE, INC.	Taxpayer Identification Number 84-1416158
Unincorporated Business Income Tax Code 453000 Activity MISCELLANEOUS STORE RETAILERS	

Each activity may carryforward losses after 2018

1 Activity income	4,397,572
2 Activity deductions	4,488,534
3 Activities income or loss, after deductions	-90,962
4 Enter losses carried over to this year (no amounts prior to 2018) plus any carried-back amounts	1,456,097
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive.	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II	
7 Remaining losses to be carried forward to 2023 (Subtract Line 6 from line 4)	1,456,097
8 If line 3 is less than zero, enter that amount here as a positive number	90,962
9 Total loss carried forward to 2023 (Add lines 7 and 8)	1,547,059

Electronic Filing includes the report of additional amounts for this activity

E1 Post-2017 loss amounts from 2021, indefinite carryover (Reported with Form 990-T, Pt IV, with above UBIT code)	E1	1,456,097
E2 Prior year activity losses included on Schedule A, Line 17	E2	

Federal StatementsForm 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	453000	\$ 1,456,097
TOTAL		\$ 1,456,097

Federal Statements**Unrelated Business Activity**Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income

Description	Amount
MISCELLANEOUS REVENUE	\$ 185,762
SPONSORSHIP REVENUE	5,400
INTEREST/DIVIDEND REVENUE	183,351
PRIVATE EVENTS-UBIT	896,370
TOTAL	\$ 1,270,883

Unrelated Business ActivityStatement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

Deduction Description	Deduction Amount
DIRECT G&A EXPENSES	\$ 603,735
FIXED G&A EXPENSES	302,529
OVERHEAD ALLOCATION	1,529,830
TOTAL	\$ 2,436,094

Form 990-T	Business Income Activity Summary	2022
Name THANKSGIVING POINT INSTITUTE, INC.	Taxpayer Identification Number 84-1416158	

Business Activity Income (and allocation of Prior-2018 NOL)

- | | |
|--|----------------------|
| A. Total Pre-2018 Net Operating Losses Carried Forward | A. <u>26,175,417</u> |
| B. Total Pre-2018 Net Operating Loss allocated to Sch A activities | B. _____ |
| C. Total Pre-2018 Net Operating Loss allocated to Form 990-T, Line 6 | C. _____ |
| D. Pre-2018 Applied (Sum of B and C) | D. _____ |
| E. Pre-2018 Remaining (Line A minus Line D) | E. <u>26,175,417</u> |
| F. Pre-2018 Net Operating Losses Expiring this Year | F. <u>4,074,185</u> |
| G. Pre-2018 Net Operating Losses Carried Forward | G. <u>22,101,232</u> |

Unrelated Business Income Activity with Income	Code	Net Income	Allocated Pre2018 NOL
1. _____	1.	1.	1.
2. _____	2.	2.	2.
3. _____	3.	3.	3.
4. _____	4.	4.	4.
5. _____	5.	5.	5.
6. _____	6.	6.	6.
7. _____	7.	7.	7.
8. _____	8.	8.	8.
9. _____	9.	9.	9.
10. _____	10.	10.	10.
11. _____	11.	11.	11.
12. _____	12.	12.	12.
13. _____	13.	13.	13.
14. _____	14.	14.	14.
15. All other revenue _____	15.	15.	15.
16. Total taxable income _____	16.	16.	16.

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1. UNRELATED BUSINESS ACTIVITY	453000	-90,962
2. _____	2.	2.
3. _____	3.	3.
4. _____	4.	4.
5. All other activities _____	5.	5.
6. Totals _____	6.	-90,962

Form 990/ 990-PF	Electronic Filing - PDF Attachment Report For calendar year 2022, or tax year beginning 03/01/22 and ending 02/28/23	2022
Name THANKSGIVING POINT INSTITUTE, INC.	Taxpayer Identification Number 84-1416158	
Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN 990-T UBIT NOL CARRYOVER ATTACHMENT	G:\ASHTON\THANKSGIVING POINT\INSTITUTE\2022 RETURN 3-1-290 022 TO 2-28-23\UBIT NOL ATTACHMENT.PDF	

Form SchA (990T)

Two Year Comparison for Unrelated Business Activity

2021 & 2022

For calendar year 2022, or tax year beginning 03/01/22 ending 02/28/23

Organization Name

THANKSGIVING POINT INSTITUTE, INC.

Taxpayer Identification Number
84-1416158

Activity	UNRELATED BUSINESS ACTIVITY	Unincorporated Business Income Tax Code:	453000	
		2021	2022	Differences
Revenue	1. Gross profit/loss on business activities	1. 2,398,544	3,096,761	698,217
	2. Capital gains/losses	2.	29,928	29,928
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10. 923,911	1,270,883	346,972
	11. Total trade or business income. Combine lines 1 through 10	11. 3,322,455	4,397,572	1,075,117
	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13. 1,565,905	2,052,440	486,535
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Depreciation and Depletion	18.		
	19. Contributions to deferred compensation plans	19.		
	20. Employee benefit programs	20.		
	21. Other deductions	21. 1,803,427	2,436,094	632,667
	22. Total deductions. Add lines 12 through 21	22. 3,369,332	4,488,534	1,119,202
	23. Taxable income before deductions. Subtract line 22 from 11	23. -46,877	-90,962	-44,085
	24. Deductible losses	24.	1,456,097	1,456,097
	25. Unrelated business taxable income (loss)	25. -46,877	-1,547,059	-1,500,182

CS10611 THANKSGIVING POINT INSTITUTE, INC.
84-1416158
FYE: 2/28/2023

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Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST/DIVIDEND REVENUE	\$ 183,351		1			
TOTAL	\$ 183,351					

CS10611 THANKSGIVING POINT INSTITUTE, INC.
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Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS & MAINTENANCE	\$ 741,467	\$ 717,980	\$ 23,487	\$ 75,991
LICENSE & FEES	370,161	73,209	220,961	
ANIMALS/PRODUCTION	284,200	284,200		
AUTO EXPENSE	135,290	134,691	154	445
OUTSIDE SERVICES	133,667			133,667
DUES & SUBSCRIPTIONS	131,257	39,053	58,733	33,471
EQUIPMENT RENTAL	119,349	73,300	46,049	
DONATIONS	104,385	539	539	103,307
BAD DEBT	86,330			86,330
TELEPHONE	76,573	2,514	74,059	
MEALS	70,796	25,786	13,087	31,923
OUTSIDE SERVICES	47,383			47,383
RESEARCH & DEVELOPMENT	25,000	25,000		
POSTAGE	23,664	15,087	3,401	5,176
SUPPLIES	22,508			22,508
SUPPLIES	1,540			1,540
COGS	367			367
TOTAL	<u>\$ 2,373,937</u>	<u>\$ 1,391,354</u>	<u>\$ 440,470</u>	<u>\$ 542,104</u>

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Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
MEMBERSHIPS	\$ 6,557,538
GRANTS	406,480
IN KIND-GENERAL	477,493
OTHER CONTRIBUTIONS	35,251
ALAN & KAREN ASHTON	
CASH CONTRIBUTION	1,100,000
WOOD CARVING	8,500
INFORMAL SCIENCE EDUCATION ENHANCEMENT	
CASH CONTRIBUTION	897,199
UTAH DEPARTMENT OF ARTS	
CASH CONTRIBUTION	405,000
NORTH AMERICA MUSEUM OF ANCIENT LIFE	
DINOSAUR SKELETON	2,500,000
MOUNTAIN AMERICA CREDIT UNION	
CASH CONTRIBUTION	2,390,636
TOTAL	<u>\$ 15,379,097</u>

CS10611 THANKSGIVING POINT INSTITUTE, INC.
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Federal Statements

Schedule A, Part III, Line 2(e)

Description	Amount
SPONSORSHIP REVENUE	\$ 1,282,955
PROGRAM REVENUE	11,142,382
MISCELLANEOUS REVENUE	127,181
EXEMPT SALES OF INVENTORY	5,100,608
DISCOVERY CUP	91,765
EXEMPT SALES NOT INVENTORY	
GALA	239,830
GOLF LEASE	
PARK COUNTRY	190
FOOD SERVICE-PRIVATE EVENTS	183,687
MUSEUM RENTAL	4,463
GARDEN EVENTS	384,445
TOTAL	\$ 18,557,406

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2018	2019	2020	2021	2022
ALAN & KAREN ASHTON	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,108,500
THE ASHTON FAMILY FOUNDATION					
THANKSGIVING POINT DEVELOPMENT					
NORTH AMERICA MUSEUM OF ANCIENT LIFE					2,500,000
TOTAL	\$ 14,187,229	\$ 1,130,000	\$ 4,189,261	\$ 1,048,863	\$ 3,608,500
	\$ 14,187,229	\$ 1,130,000	\$ 4,189,261	\$ 1,048,863	\$ 3,608,500

Federal Statements**Schedule A, Part III, Line 7b - Excess Gross Receipts**

Donor Name	Total	Excess
SPONSORSHIPS	\$	\$
2022	3,610,457	3,269,268
2021	15,570,064	15,159,671
2020	2,195,849	2,007,295
2019	1,787,367	1,590,155
2018	1,579,908	1,281,934
TOTAL	\$ 24,743,645	\$ 23,308,323

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Federal Statements

Schedule A, Part III, Line 11

Description	Amount
MISCELLANEOUS REVENUE	\$ 185,762
SPONSORSHIP REVENUE	5,400
INTEREST/DIVIDEND REVENUE	163,351
NON-EXEMPT ACTIVITIES	3,094,761
PRIVATE EVENTS-UBIT	896,370
LESS: DEDUCTIONS	-4,489,534
TOTAL	\$ -121,890

CS10611 THANKSGIVING POINT INSTITUTE, INC.
84-1416158
FYE: 2/28/2023

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Federal Statements

Discovery Cup

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER DIRECT COSTS	\$ 44,163
TOTAL	<u>\$ 44,163</u>

CS10611 THANKSGIVING POINT INSTITUTE, INC.
84-1416158
FYE: 2/28/2023

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Federal Statements

Gala

Other Direct Fundraising or Gaming Expenses

Description	Amount
OTHER	\$ 5,083
TOTAL	\$ 5,083

Document(s) to Sign

Final Audit Report

January 12, 2024

Created:	January 12, 2024
By:	Cooper Savas(john.savas@coopersavas.com)
Status:	ESigned
Transaction ID:	A97QWH8H422M11M1L5TDJVK408
Documents:	THANKSGIVING POINT INSTITUTE, INC Signing Copy 2023.pdf

"Document(s) to Sign" History

- ⌚ Document emailed to (mchristensen@thanksgivingpoint.org) for signature
1/12/2024 12:46:58 PM Mountain Standard Time
- ⌚ Document viewed by (mchristensen@thanksgivingpoint.org)
1/12/2024 13:01:48 PM Mountain Standard Time - IP address: 65.181.57.182
- ⌚ Document e-signed by (mchristensen@thanksgivingpoint.org)
Signature Date: 1/12/2024 13:03:15 PM Mountain Standard Time - IP address: 65.181.57.182
- ⌚ Document Signed
1/12/2024 13:03:15 PM Mountain Standard Time

Form 8879-TE**IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2022, or fiscal year beginning 3/01, 2022, and ending 2/28, 2023
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2022**Name and title of officer or person subject to tax **MCKAY F CHRISTENSEN**
CEO & TRUSTEEEIN or SSN **84-1416158****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- | | | |
|--|--|----------------------|
| <input checked="" type="checkbox"/> 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>39,962,209</u> |
| <input type="checkbox"/> 2a Form 990-EZ check here | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| <input type="checkbox"/> 3a Form 1120-POL check here | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| <input type="checkbox"/> 4a Form 990-PF check here | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| <input type="checkbox"/> 5a Form 8868 check here | b Balance due (Form 8868, line 3c) | 5b _____ |
| <input type="checkbox"/> 6a Form 990-T check here | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| <input type="checkbox"/> 7a Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| <input type="checkbox"/> 8a Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| <input type="checkbox"/> 9a Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| <input type="checkbox"/> 10a Form 8038-CP check here | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **COOPER SAVAS LLC** to enter my PIN **15014** as my signature
ERO firm name Enter five numbers, but
do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *Mckay F. Christensen*Date **01/12/24****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87425181560

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature _____

Date **01/12/24****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 8879-TE

IRS e-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 3/01 2022 and ending 2/28 2023
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service
Name of filer

EIN or SSN

THANKSGIVING POINT INSTITUTE, INC. 84-1416158
Name and title of officer or person subject to tax
MCKAY F CHRISTENSEN
CEO & TRUSTEE**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- | | | |
|--|--|-----------|
| <input type="checkbox"/> 1a Form 990 check here | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| <input type="checkbox"/> 2a Form 990-EZ check here | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| <input type="checkbox"/> 3a Form 1120-POL check here | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| <input type="checkbox"/> 4a Form 990-PF check here | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| <input type="checkbox"/> 5a Form 8868 check here | b Balance due (Form 8868, line 3c) | 5b _____ |
| <input checked="" type="checkbox"/> 6a Form 990-T check here | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| <input type="checkbox"/> 7a Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| <input type="checkbox"/> 8a Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| <input type="checkbox"/> 9a Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| <input type="checkbox"/> 10a Form 8038-CP check here | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____ (EIN) _____ and that I have examined a copy of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize COOPER SAVAS LLC to enter my PIN 15014 as my signature
ERO firm name Enter five numbers, but
do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Mckay Christensen Date 01/12/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87425181560

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 01/12/24

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**