

**Form 990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection**A For the 2023 calendar year, or tax year beginning 03/01/23, and ending 02/29/24**

<b>B Check if applicable:</b>	<b>C Name of organization:</b> <b>THANKSGIVING POINT INSTITUTE, INC.</b>			<b>D Employer identification number:</b> <b>84-1416158</b>
<input type="checkbox"/> Address change	Doing business as			E Telephone number: <b>801-768-4948</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>3003 N. THANKSGIVING WAY</b>			Room/unit
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>LEHI UT 84043</b>			G Gross assets <b>56,550,434</b>
<input type="checkbox"/> Final return/terminated				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	<b>F Name and address of principal officer:</b> <b>MCKAY F CHRISTENSEN</b>			If "No," attach a list. See instructions
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(c) Group exemption number:</b>
<b>J Website:</b> <a href="http://WWW.THANKSGIVINGPOINT.ORG">WWW.THANKSGIVINGPOINT.ORG</a>				<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other
				<b>L Year of formation:</b> <b>1997</b>
				<b>M State of legal domicile:</b> <b>UT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO BRING THE JOY OF LEARNING AND WONDERS OF THE NATURAL WORLD TO LIFE.</b>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11
	3 <b>9</b>
	4 <b>4</b>
	5 <b>1140</b>
	6 <b>878</b>
	7a <b>7,381,841</b>
	7b <b>0</b>
<b>Expenses</b>	Prior Year Current Year
	<b>8 Contributions and grants (Part VIII, line 1h)</b> <b>15,378,097</b> <b>19,096,912</b>
	<b>9 Program service revenue (Part VIII, line 2g)</b> <b>17,651,111</b> <b>19,719,302</b>
	<b>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</b> <b>236,741</b> <b>880,064</b>
	<b>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</b> <b>6,696,260</b> <b>6,546,156</b>
	<b>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</b> <b>39,962,209</b> <b>46,242,434</b>
	<b>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</b> <b>0</b>
	<b>14 Benefits paid to or for members (Part IX, column (A), line 4)</b> <b>0</b>
	<b>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</b> <b>14,479,002</b> <b>16,285,592</b>
	<b>16a Professional fundraising fees (Part IX, column (A), line 11e)</b> <b>0</b>
	<b>b Total fundraising expenses (Part IX, column (D), line 25)</b> <b>1,371,675</b>
	<b>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</b> <b>16,697,970</b> <b>18,309,637</b>
	<b>18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</b> <b>31,176,972</b> <b>34,595,229</b>
	<b>19 Revenue less expenses. Subtract line 18 from line 12</b> <b>8,785,237</b> <b>11,647,205</b>
<b>Net Assets or Fund Balances</b>	Beginning of Current Year End of Year
	<b>20 Total assets (Part X, line 16)</b> <b>92,421,837</b> <b>104,324,971</b>
	<b>21 Total liabilities (Part X, line 26)</b> <b>9,067,619</b> <b>8,974,595</b>
	<b>22 Net assets or fund balances. Subtract line 21 from line 20</b> <b>83,354,218</b> <b>95,350,376</b>

**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.

<b>Sign Here</b>	Signature of officer <b>MCKAY F CHRISTENSEN</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM DEDRICKSON</b>	Preparer's signature
	Date 01/14/25	Check <input type="checkbox"/> if PTIN self-employed P01781346
	Firm's name <b>COOPER SAVAS LLC</b>	Firm's EIN <b>27-5169784</b>
	170 S MAIN STREET STE 800	
	Firm's address <b>SALT LAKE CITY, UT 84101</b>	Phone no. <b>801-433-2140</b>

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2023)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1 Briefly describe the organization's mission:

**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
- 
- 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
- 
- 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 \$ 25,368,362 including grants of \$ )	(Revenue \$ 19,719,302 )
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**SEE SCHEDULE O**

4b (Code: ) (Expenses \$ N/A )	including grants of \$ )	(Revenue \$ )
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4c (Code: ) (Expenses \$ N/A )	including grants of \$ )	(Revenue \$ )
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4d Other program services (Describe on Schedule O.)

(Expenses \$ 4,148,783 including grants of \$ )	(Revenue \$ )
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4e Total program service expenses 29,517,145

**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 16? 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.	29	<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

- 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  
 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	87	
1b	0	
1c	<input checked="" type="checkbox"/>	

**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	1140
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>X</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>X</b>
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	<b>X</b>
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)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a	<b>X</b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b>X</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b>X</b>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<b>X</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>X</b>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	<b>X</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b>X</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<b>X</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b>X</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b>X</b>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	<b>X</b>
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	<b>X</b>
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	<b>X</b>
17	<b>Section 501(c)(21) organizations.</b> 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	

**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.

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**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 4	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 <input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3 <input checked="" type="checkbox"/>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 <input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 <input checked="" type="checkbox"/>	
6	Did the organization have members or stockholders?	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"/>	
7b	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	<b>X</b>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>X</b>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>X</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
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	Did the organization have a written whistleblower policy?	12c	<b>X</b>
14	Did the organization have a written document retention and destruction policy?	13	<b>X</b>
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?	14	<b>X</b>
a	The organization's CEO, Executive Director, or top management official	15a	<b>X</b>
b	Other officers or key employees of the organization	15b	<b>X</b>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<b>X</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
		16b	

### **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** 3003 NORTH THANKSGIVING POINT WAY

ALLEN ASH  
LEHT

3003 NORTH THANKSGIVING POINT WAY  
DET 84043

UT 84043

801-768-4948

**Part VIII Statement of Revenue**Check 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 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 1f 1g \$ 1,210,741			
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	Business Code 453000  453000  453000  80,656 19,719,302	11,603,113 5,147,577 2,614,085 273,871 80,656	11,603,113 5,147,577 2,614,085 273,871 80,656	
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 b Less: rental expenses c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11a b c d All other revenue e Total. Add lines 11a-11d	(i) Real 6a 6b 6c  (i) Securities 7a 7b 7c  8a 8b  9a 9b  10a 10b  Business Code	880,064  1,651,959  1,651,959  1,651,959  10,308,000  10,308,000  571,630  4,894,197  4,894,197	880,064  1,651,959  1,651,959  1,651,959  571,630  4,894,197	
Miscellaneous Revenue	12 Total revenue. See instructions		46,242,434	19,763,681	7,381,841

**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	<b>14,233,138</b>	<b>12,091,039</b>	<b>1,463,785</b>	<b>678,314</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	<b>1,089,764</b>	<b>860,200</b>	<b>185,061</b>	<b>44,503</b>
10 Payroll taxes	<b>962,690</b>	<b>852,691</b>	<b>60,575</b>	<b>49,424</b>
11 Fees for services (nonemployees):				
a Management				
b Legal	<b>164,469</b>	<b>82,234</b>	<b>82,235</b>	
c Accounting	<b>192,681</b>	<b>2,272</b>	<b>78,409</b>	<b>112,000</b>
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	<b>961,760</b>	<b>196,388</b>	<b>756,924</b>	<b>8,448</b>
13 Office expenses	<b>164,823</b>	<b>164,247</b>		<b>576</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>1,469,290</b>	<b>1,376,303</b>	<b>83,182</b>	<b>9,805</b>
17 Travel	<b>88,703</b>	<b>60,696</b>	<b>11,370</b>	<b>16,637</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>87,157</b>	<b>67,602</b>	<b>16,465</b>	<b>3,090</b>
20 Interest	<b>43,812</b>	<b>826</b>	<b>154</b>	<b>42,832</b>
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>3,802,289</b>	<b>3,498,213</b>	<b>294,649</b>	<b>9,427</b>
23 Insurance	<b>411,115</b>	<b>395,622</b>	<b>13,972</b>	<b>1,521</b>
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	<b>4,148,783</b>	<b>4,148,783</b>		
b OUTSIDE SERVICES	<b>2,393,250</b>	<b>2,074,928</b>	<b>125,618</b>	<b>192,704</b>
c SUPPLIES	<b>1,462,711</b>	<b>1,367,684</b>	<b>25,701</b>	<b>69,326</b>
d BANK & CREDIT CARD CHARGE	<b>979,895</b>	<b>948,776</b>	<b>28,044</b>	<b>3,075</b>
e All other expenses	<b>1,938,899</b>	<b>1,328,641</b>	<b>480,265</b>	<b>129,993</b>
25 Total functional expenses. Add lines 1 through 24	<b>34,595,229</b>	<b>29,517,145</b>	<b>3,706,409</b>	<b>1,371,675</b>
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)				

**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
<b>Assets</b>			
1	Cash—non-interest-bearing	1	
2	Savings and temporary cash investments	14,560,761	12,014,254
3	Pledges and grants receivable, net	4,493,458	4,768,982
4	Accounts receivable, net	261,171	499,385
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	460,603	395,050
9	Prepaid expenses and deferred charges	9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 108,295,463	
b	Less: accumulated depreciation	10b 47,705,782	55,611,735 10c 60,589,681
11	Investments—publicly traded securities	10,335,731	11 10,622,700
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	6,698,378	15 15,434,919
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	92,421,837	16 104,324,971
<b>Liabilities</b>			
17	Accounts payable and accrued expenses	2,669,018	17 2,517,829
18	Grants payable	18	
19	Deferred revenue	4,296,078	19 4,541,743
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	
23	Secured mortgages and notes payable to unrelated third parties	1,038,647	23 1,056,164
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	1,063,876	25 858,859
26	<b>Total liabilities.</b> Add lines 17 through 25	9,067,619	26 8,974,595
<b>Net Assets or Fund Balances</b>			
	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	83,354,218	27 95,350,376
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	<b>Total net assets or fund balances</b>	83,354,218	32 95,350,376
33	<b>Total liabilities and net assets/fund balances</b>	92,421,837	33 104,324,971

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	46,242,434
2 Total expenses (must equal Part IX, column (A), line 25)	2	34,595,229
3 Revenue less expenses. Subtract line 2 from line 1	3	11,647,205
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83,354,218
5 Net unrealized gains (losses) on investments	5	348,953
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	95,350,376

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <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.	2a	<input checked="" type="checkbox"/>
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b 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.	2b	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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	

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

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

**THANKSGIVING POINT INSTITUTE, INC.****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).

(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)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test — 2023. 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	<input type="checkbox"/>	
b 33 1/3% support test — 2022. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2023. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2022. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,810,665	11,553,755	25,866,764	15,378,097	19,096,912	80,706,193
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	10,895,967	7,295,631	15,168,752	18,557,406	19,763,681	71,681,437
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 <b>Total.</b> Add lines 1 through 5	19,706,632	18,849,386	41,035,516	33,935,503	38,860,593	152,387,630
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,130,000	4,189,261	1,048,863	3,608,500	2,130,000	12,106,624
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	1,590,155	2,007,295	15,159,671	3,269,268	4,285,756	26,312,145
c Add lines 7a and 7b	2,720,155	6,196,556	16,208,534	6,877,768	6,415,756	38,418,769
8 <b>Public support.</b> (Subtract line 7c from line 6.)						113,968,861

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	19,706,632	18,849,386	41,035,516	33,935,503	38,860,593	152,387,630
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,552	6,023	3,771	183,351	880,064	1,087,761
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,552	6,023	3,771	183,351	880,064	1,087,761
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	19,721,184	18,855,409	41,039,287	34,118,854	39,740,657	153,475,391
14 <b>First 5 years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	74.26 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	66.77 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2023. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests — 2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a	
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 <b>Part VI</b> when and how the organization made the determination.	3b	
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
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.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
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 <b>Part VI</b> 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.	4c	
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 <b>Part VI</b> , 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 <b>Part VI</b> .	6	
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).	7	
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).	8	
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 <b>Part VI</b> .	9a	
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 <b>Part VI</b> .	9b	
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 <b>Part VI</b> .	9c	
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.	10a	
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.)	10b	

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c 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 <b>Part VI</b> .	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

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

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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
2 Activities Test. Answer <b>lines 2a and 2b</b> below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer <b>lines 3a and 3b</b> below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
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 <i>Part VI</i> )			
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
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		
<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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2023				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7:	\$			
a Applied to underdistributions of prior years				
b Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7 Excess distributions carryover to 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

**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

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2023**

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

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 *non*exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

5

**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) (2023)

PAGE 1 OF 3

Page 2

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		\$ 2,025,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 705,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 45,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 415,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 379,939	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 897,199	Person <input checked="" 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 I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 105,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 996,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 847,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,100,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
13		\$ 900,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
12	JUVENILE GRYPOSAURUS FOSSIL	\$ 1,100,000	12/30/23
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0947

**2023**Open 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).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	\$
1b 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	\$

**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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**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?

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		46,966,207	12,096,438	34,869,769
c Leasehold improvements		15,792,337	15,156,273	636,064
d Equipment		5,383,228	4,052,945	1,330,283
e Other		25,822,512	16,400,126	9,422,386

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

60,589,681

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

**Part VIII Investments – Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))</b>		

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) CONSTRUCTION IN PROGRESS	8,922,217
(2) DINOSAUR SKELETONS	5,978,965
(3) DEPOSITS / PREPAIDS	433,814
(4) RIGHT OF USE ASSET	99,923
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))</b>	<b>15,434,919</b>

**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.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) UNREDEEMED GIFT CARDS	389,168	
(3) DEPOSITS	354,269	
(4) LEASE LIABILITY	99,923	
(5) 401 K WH	15,499	
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))</b>	<b>858,859</b>	

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

## Schedule D (Form 990) 2023 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	<b>46,591,383</b>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	<b>348,949</b>
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	<b>348,949</b>
3 Subtract line 2e from line 1	3	<b>46,242,434</b>
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	<b>46,242,434</b>

**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	<b>34,595,229</b>
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	<b>34,595,229</b>
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	<b>34,595,229</b>

**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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Employer identification number

**84-1416158****THANKSGIVING POINT INSTITUTE, INC.**
**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.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <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

- 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?

- 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?

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?

- 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?

- 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.

- 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)?

Yes

No

1b

2

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

Schedule J (Form 990) 2020 THANKSGIVING POINT INSTITUTE, INC. 84-1416158

Page 3

**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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0247

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

THANKSGIVING POINT INSTITUTE, INC.

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

**2023****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](http://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	X	1	1,100,000	
25 Other ( )	X	8	110,741	
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	

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	X
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?	31	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
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.		

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

Schedule M (Form 990) 2023

**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 2024, 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**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

**THANKSGIVING POINT INSTITUTE, INC.**

Employer 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.

IN THE 2023-24 TAX YEAR, WE EXPERIENCED 2.5 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 2,654 HOURS TO HELP MAKE THE TULIP  
FESTIVAL A SUCCESS. IN 2023-24, 863 VOLUNTEERS GAVE 20,076 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  
YEAR, OVER 24,722 3RD AND 8TH GRADE STUDENTS WERE PART OF FREE SCIENCE AND  
ENGINEERING PROGRAMS OFFERED BY THANKSGIVING POINT. THANKSGIVING POINT  
TYPICALLY HOSTS APPROXIMATELY 2,063 FIELD TRIPS AND OUTREACH CLASSES.

THANKSGIVING POINT TEAMS ALSO TRAVEL TO SCHOOLS THROUGHOUT UTAH TO CONDUCT  
THESE HANDS-ON LEARNING EXPERIENCES.

Name of the organization:

**THANKSGIVING POINT INSTITUTE, INC.**

Employer identification number

**84-1416158**

LAST YEAR, 673 K-12 PUBLIC SCHOOL TEACHERS RECEIVED FREE TEACHER PROFESSIONAL DEVELOPMENT ON-SITE AND ONLINE THROUGH THANKSGIVING POINT INSTITUTE. IN ADDITION, OVER 381 HOME SCHOOL STUDENTS ATTENDED HOMESCHOOL DAYS AT THANKSGIVING POINT.

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.

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

Name of the organization

**THANKSGIVING POINT INSTITUTE, INC.**

Employer identification number

**84-1416158****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.

**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**

## Schedule O (Form 990) 2023

Name of the organization

**THANKSGIVING POINT INSTITUTE, INC.**

Employer identification number

**84-1416158**

AVAILABLE UPON REQUEST. OUR TAX FILING FORM 990 IS AVAILABLE UPON  
REQUEST. OUR WEBSITE ADDRESS IS [WWW.THANKSGIVINGPOINT.ORG](http://WWW.THANKSGIVINGPOINT.ORG).

**SCHEDULE R**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35a, 36, or 37.  
Attach to Form 990.

2023

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InspectionGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer 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.

	(b) Name, address, and EIN of disregarded entity	(b) Primary activity	(b) Legal domicile (state or foreign country)	(b) Total income	(b) End-of-year assets	(b) 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.

	(b) Name, address, and EIN of related organization	(b) Primary activity	(b) Legal domicile (state or foreign country)	(b) Exempt Code section	(b) Public charity status (if section 501(c)(3))	(b) Direct controlling entity	(b) Section 522(e)(3) controlled entity?
							Yes      No
(1)							
(2)							
(3)							
(4)							
(5)							

**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.

(b) Name, address, and EIN of related organization	(b) Primary activity	(b) Legal domicile (state or foreign country)	(b) Direct controlling entity	(b) Pensionfund income (reduced, unrelated, excluded from tax under sections 815-814)	(b) Share of total income	(b) Share of end-of-year assets	(b) Dependent status?	(b) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(b) General or managing partner?	(b) 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) N. 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) KALAH INVESTMENTS, LLC 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.

(b) Name, address, and EIN of related organization	(b) Primary activity	(b) Legal domicile (state or foreign country)	(b) Direct controlling entity	(b) Type of entity (C corp, S corp, or trust)	(b) Share of total income	(b) Share of end-of-year assets	(b) Percentage ownership	(b) Section 512(a)(13) controlled entity?	Yes	No
								Yes		
(1) ASHTON FAMILY FOUNDATION 3200 WEST CLUBHOUSE DRIVE, STE 200 LEHI UT 84043 87-0480108	INVESTMENT	UT	N/A	T						X
(2)										
(3)										
(4)										

**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
- 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.

(i) Name of related organization	(ii) Transaction type (a-s)	(iii) Amount involved	(iv) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal entity (state or foreign country)	(4) Predominant income (related, unrelated; excluded from tax under sections 512(b)(14))	(5) Are all partners section 501(c)(3) organizations?	(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?	(9) Code V—dis- count in box 20 of Schedule 4-1 (Form 1065)	(10) General or Managing partner?		(11) Percentage ownership
									Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

**Part VII Supplemental Information.**

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

## Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))For calendar year 2023 or other tax year beginning **03/01/23**, and ending **02/29/24**Go to [www.irs.gov/Form990T](http://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

**2023**Open to Public Inspection  
for 501(c)(3)  
Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceA  Check box if  
address changed

B Exempt under section

 501(c)(3) 408(a)  220(e) 408A  530(a) 529(a)  529AName of organization  Check box if name changed and see instructions.)**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**C Book value of all assets at end of year **104,324,971**

D Employer identification number

**84-1416158**E Group exemption number  
(see instructions)F  Check box if  
an amended return.

G Check organization type

 501(c) corporation  501(c) trust  401(a) trust  Other trust 6417(d)(1)(A) Applicable entity

State college/university

H Check if filing only to claim

 Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800

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 corporation

L 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	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

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
1b	Other credits (see instructions)	1b	
1c	General business credit. Attach Form 3800 (see instructions)	1c	
1d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
1e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	
3a	Amount due from Form 4255	3a	
3b	Amount due from Form 8611	3b	
3c	Amount due from Form 8897	3c	
3d	Amount due from Form 8886	3d	
3e	Other amounts due (see instructions)	3e	
3f	Total amounts due. Add lines 3a through 3e	3f	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0
5	Current net 965 tax liability paid from Form 965-A, Part II, column (x)	5	

### **Part III Tax and Payments (continued)**

- 6a** Payments: Preceding year's overpayment credited to the current year  
**b** Current year's estimated tax payments. Check if section 643(g) election applies  
**c** Tax deposited with Form 8868  
**d** Foreign organizations: Tax paid or withheld at source (see instructions)  
**e** Backup withholding (see instructions)  
**f** Credit for small employer health insurance premiums (attach Form 8941)  
**g** Elective payment election amount from Form 3800  
**h** Payment from Form 2439  
**i** Credit from Form 4136  
**j** Other (see instructions)

**7** **Total payments.** Add lines 6a through 6j

**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

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

**11** Enter the amount of line 10 you want: **Credited to 2024 estimated tax**

6a		
6b		
6c		
6d		
6e		
6f		
6g		
6h		
6i		
6j		

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

- 1 At any time during the 2023 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.
  - 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.
  - 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$
  - 4 Enter available pre-2018 NOL carryovers here \$ **-22,101,232** 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
	<b>453000</b>	<b>\$ 1,547,059</b>
		\$
		\$
		\$
		\$
		\$

- 6a Reserved for future use  
b Reserved for future use

## **Part V      Supplemental Information**

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Provide any additional information. See instructions.

Sign Here	<p>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.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>		
	<b>CEO &amp; TRUSTEE</b>		
	Signature of officer	Date	Title
Paid Preparer Use Only	Print/Type preparer's name <b>SAM DEDRICKSON</b>	Preparer's signature	Date 01/14/25
	Firm's name <b>COOPER SAVAS LLC</b>	Check <input type="checkbox"/> if self-employed PTIN P01781346	
	Firm's address <b>170 S MAIN STREET STE 800 SALT LAKE CITY, UT 84101</b>	Firm's EIN <b>27-5169784</b>	
		Phone no. <b>801-433-2140</b>	

**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

**2023**Open 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**

<b>Part I Unrelated Trade or Business Income</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
1a	Gross receipts or sales	5,147,577		
b	Less returns and allowances	c Balance	1c	5,147,577
2	Cost of goods sold (Part III, line 8)	2	2,040,169	
3	Gross profit. Subtract line 2 from line 1c	3	3,107,408	3,107,408
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
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	12	2,234,264
13	Total. Combine lines 3 through 12	13	5,341,672	5,341,672

**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	2,566,920
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	8b	0
10	Contributions to deferred compensation plans	9	
11	Employee benefit programs	10	
12	Excess exempt expenses (Part VIII)	11	
13	Excess readership costs (Part IX)	12	
14	Other deductions (attach statement)	13	
15	<b>Total deductions.</b> Add lines 1 through 14	SEE STATEMENT 2	14 3,024,201
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	15	5,591,121
17	Deduction for net operating loss. See instructions	16	-249,449
18	Unrelated business taxable income. Subtract line 17 from line 16	17	
		18	-249,449

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	<b>COST METHOD</b>
1	Inventory at beginning of year	1	
2	Purchases	2	2,040,169
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	2,040,169
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	2,040,169
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**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	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Rent received or accrued	A	B	C
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 2a and 2b (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	<input type="checkbox"/>			
B	<input type="checkbox"/>			
C	<input type="checkbox"/>			
D	<input type="checkbox"/>			
2	Gross income from or allocable to debt-financed property	A	B	C
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			

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

		Exempt Controlled Organization			
1. Name of controlled organization	2. Employer identification number	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	6. Deductions directly connected with income in column 5
(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.	Add columns 6 and 11.
Enter here and on Part I, line 8, column (A).	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.	Add amounts in column 5.
Enter here and on Part I, line 9, column (A).	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

**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 -0- 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 -0-

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 -0- 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)**

CS10611 THANKSGIVING POINT INSTITUTE, INC.

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84-1416158

## Federal Statements

FYE: 2/29/2024

### Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

Activity Description	UBIT Num	Available Carryover
UNRELATED BUSINESS ACTIVITY	453000	\$ 1,547,059
TOTAL		\$ 1,547,059

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

Description	Amount
MISCELLANEOUS REVENUE	\$ 273,871
INTEREST/DIVIDEND REVENUE	880,064
PRIVATE EVENTS-UBIT	<u>1,080,329</u>
TOTAL	\$ 2,234,264

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

Deduction Description	Deduction Amount
DIRECT G&A EXPENSES	\$ 887,380
FIXED G&A EXPENSES	415,739
OVERHEAD ALLOCATION	<u>1,721,082</u>
TOTAL	\$ 3,024,201

CS10611 THANKSGIVING POINT INSTITUTE, INC.

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84-1416158

FYE: 2/29/2024

**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	\$ 880,064		1			
TOTAL	\$ 880,064					

CS10611 THANKSGIVING POINT INSTITUTE, INC.

84-1416158

FYE: 2/29/2024

1/14/2025 10:53 AM

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
REPAIRS & MAINTENANCE	\$ 612,706	\$ 586,106	\$ 26,598	
LICENSE & FEES	372,237	121,096	251,141	
ANIMALS/PRODUCTION	286,274	286,274		
DUES & SUBSCRIPTIONS	138,493	60,037	55,468	22,988
EQUIPMENT RENTAL	133,097	85,700	47,397	
AUTO EXPENSE	127,006	126,026	427	553
COGS	94,161			84,161
MEALS	77,437	25,542	31,083	20,812
TELEPHONE	68,637	6,202	62,435	
RESEARCH & DEVELOPMENT	25,000	25,000		
POSTAGE	7,051	3,256	2,316	
DONATIONS	6,800	3,400	3,400	1,479
TOTAL	<u>\$ 1,938,899</u>	<u>\$ 1,328,641</u>	<u>\$ 480,265</u>	<u>\$ 129,993</u>

CS10611 THANKSGIVING POINT INSTITUTE, INC.  
84-1416158  
FYE: 2/29/2024

1/14/2025 10:53 AM

**Federal Statements**

**Schedule A, Part III, Line 1(e)**

Description	Amount
MEMBERSHIPS	\$ 7,881,570
GRANTS	261,749
OTHER CONTRIBUTIONS	425,044
IN KIND-GENERAL	110,741
ALAN & KAREN ASHTON	
CASH CONTRIBUTION	2,025,000
STATE OF UTAH	
CASH CONTRIBUTION	705,620
SORENSEN LEGACY FOUNDATION	
CASH CONTRIBUTION	45,450
THE WHEATLEY INSTITUTION	
CASH CONTRIBUTION	415,600
LEHI CITY	
CASH CONTRIBUTION	379,939
INFORMAL SCIENCE EDUCATION ENHANCEMENT	
CASH CONTRIBUTION	897,199
THANKSGIVING POINT DEVELOPMENT	
CASH CONTRIBUTION	105,000
DESERET FIRST CU	
CASH CONTRIBUTION	996,800
CHILD FAMILY FOUNDATION	
CASH CONTRIBUTION	847,200
CHURCH OF JESUS CHRIST OF LATTER-DAY	
CASH CONTRIBUTION	2,000,000
MATTHEW WILLIAMS	
JUVENILE GYPOSAURUS FOSSIL	1,100,000
STATE OF UTAH	
CASH CONTRIBUTION	900,000
TOTAL	\$ 19,096,912

CS10611 THANKSGIVING POINT INSTITUTE, INC.  
84-1416158  
FYE: 2/29/2024

1/14/2025 10:53 AM

### Federal Statements

#### Schedule A, Part III, Line 2(e)

Description	Amount
SPONSORSHIP REVENUE	\$ 2,614,085
PROGRAM REVENUE	11,603,113
MISCELLANEOUS REVENUE	80,656
EXEMPT SALES OF INVENTORY	4,894,197
DISCOVERY CUP	
EXEMPT SALES NOT INVENTORY	
GALA	
GOLF LEASE	
FARM COUNTRY	189
FOOD SERVICE-PRIVATE EVENTS	206,530
MUSEUM RENTAL	3,600
GARDEN EVENTS	361,311
TOTAL	\$ 19,763,681

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

Donor Name	2019	2020	2021	2022	2023
ALAN & KAREN ASHTON	\$	\$	\$	\$	\$ 2,025,000
THE ASHTON FAMILY FOUNDATION					105,000
THANKSGIVING POINT DEVELOPMENT					
NORTH AMERICA MUSEUM OF ANCIENT LIFE					
	1,130,000	4,189,261	1,048,863	3,608,500	
TOTAL	\$ 1,130,000	\$ 4,189,261	\$ 1,048,863	\$ 3,608,500	\$ 2,130,000

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

Donor Name	Total	Excess
SPONSORSHIPS	\$ 4,683,163	\$ 4,285,756
2023	3,610,457	3,269,268
2022	15,570,064	15,159,671
2021	2,195,849	2,007,295
2020	1,787,367	1,590,155
TOTAL	<u>\$ 27,846,900</u>	<u>\$ 26,312,145</u>

CS10611 THANKSGIVING POINT INSTITUTE, INC.  
84-1416158  
FYE: 2/29/2024

1/14/2025 10:53 AM

**Federal Statements**

Schedule A, Part III, Line 11

Description	Amount
MISCELLANEOUS REVENUE	\$ 273,871
INTEREST/DIVIDEND REVENUE	880,064
NON-EXEMPT ACTIVITIES	3,107,408
PRIVATE EVENTS-UBIT	1,080,329
LESS: DEDUCTIONS	-5,592,121
TOTAL	\$ -250,449

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 2023, or fiscal year beginning 3/01, 2023, and ending 2/29, 2024  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

THANKSGIVING POINT INSTITUTE, INC.

EIN or SSN  
**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.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) <u>46,242,434</u>
2a Form 990-EZ check here <input type="checkbox"/>	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	3b _____
4a Form 990-PF check here <input type="checkbox"/>	4b _____
5a Form 8868 check here <input type="checkbox"/>	5b _____
6a Form 990-T check here <input type="checkbox"/>	6b _____
7a Form 4720 check here <input type="checkbox"/>	7b _____
8a Form 5227 check here <input type="checkbox"/>	8b _____
9a Form 5330 check here <input type="checkbox"/>	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	10b _____
	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) _____

**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

2023 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  
ERD firm name Enter five numbers, but  
do not enter all zeros

on the tax year 2023 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 2023 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 \_\_\_\_\_ Date 01/14/25**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 2023 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 01/14/25**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

Department of the Treasury  
Internal Revenue Service  
Name of filer:For calendar year 2023, or fiscal year beginning 3/01, 2023, and ending 2/29, 2024  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

2023

EIN or SSN

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

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

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