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Department of the

Treasury

Return of Organization Exempt From Income Tax

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

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

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

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

OMB No. 1545-0047

DLN: 93493314070842

2021

Open to Public Inspection

Form **990** (2021)

Cat. No. 11282Y

Internal Revenue Service A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 C Name of organization D Employer identification number B Check if applicable: THORN ☑ Address change 27-0943677 ■ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 222 PACIFIC COAST HWY 10TH FL ☐ Amended return ☐ Application pending (310) 463-6965 City or town, state or province, country, and ZIP or foreign postal code EL SEGUNDO, CA 90245 G Gross receipts \$ 27,472,580 F Name and address of principal officer: H(a) Is this a group return for JULIE A CORDUA □Yes ☑No subordinates? 222 PACIFIC COAST HWY 10TH FL H(b) Are all subordinates EL SEGUNDO, CA 90245 ☐ Yes ☐No included? 4947(a)(1) or If "No," attach a list. See instructions. Website: ► WWW.THORN.ORG **H(c)** Group exemption number ▶ L Year of formation: 2009 M State of legal domicile: CA **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangle1 Briefly describe the organization's mission or most significant activities: BUILD TECHNOLOGY TO DEFEND CHILDREN FROM SEXUAL ABUSE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 108 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 0 7a 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 **Prior Year Current Year** 11,248,005 12,917,089 8 Contributions and grants (Part VIII, line 1h) . Ravenue Program service revenue (Part VIII, line 2g) 1,605,139 3,875,204 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 165,036 2,261,495 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 13,018,180 19,053,788 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 50,000 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,348,750 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 11,077,569 14,469,701 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,399,617 5,035,463 3,122,300 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16,548,619 19,555,164 Revenue less expenses. Subtract line 18 from line 12 . -3,530,439 -501,376 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 56,967,204 55,899,980 21 Total liabilities (Part X, line 26) . 2,238,309 2,051,518 22 Net assets or fund balances. Subtract line 21 from line 20 . 54,728,895 53,848,462 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 2022-11-09 Signature of officer Sign Here MICHELLE CORMACK CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2022-11-09 P00286656 Paid self-employed Firm's name WINDES INC Firm's EIN ▶ 95-3001179 **Preparer** Use Only Firm's address PO BOX 87 Phone no. (562) 435-1191 LONG BEACH, CA 908010087 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2021)					Page 2
Pa	art III Statement	of Program Servic	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission:				
PROG SCHI PRE\	GRAMS TO DEFEND CH EDULE O)(1) ACCELER /ENT RE-VICTIMIZATIO	ILDREN FROM SEXUAL ATION OF VICTIM IDEN ON THROUGH THE SPRE	EXPLOITATION ITIFICATION AN EAD AND RECIR	. THORN'S WORK IS GL D RESCUE, (2) EQUIPP: CULATION OF ONLINE (Y BE A KID BY BUILDING TECHNOI VIDED BY THREE PRINCIPLES: (SE ING ONLINE PLATFORMS WITH TE CONTENT, AND (3) TO EDUCATE A CTION BY OTHER AUDIENCES.	E CONTINUATION ON CHNOLOGY TOOLS TO
2	the prior Form 990 o	undertake any significar 990-EZ?		/ices during the year wl	hich were not listed on	□ Yes ☑ No
	•	ese new services on Sch				
3	services?			changes in how it condu	ucts, any program	☐ Yes ☑ No
	If "Yes," describe the	ese changes on Schedul	e O.			
4	Section $501(c)(3)$ an		ons are required	to report the amount o	largest program services, as meas of grants and allocations to others,	
4a	(Code: See Additional Data) (Expenses \$	6,586,356	including grants of \$	2,000) (Revenue \$	2,318,178)
4b	(Code: See Additional Data) (Expenses \$	4,077,245	including grants of \$) (Revenue \$	1,557,026)
4b 4c	•) (Expenses \$) (Expenses \$	4,077,245 2,815,507	including grants of \$ including grants of \$) (Revenue \$ 48,000) (Revenue \$	1,557,026)
	See Additional Data (Code: See Additional Data (Code:		2,815,507	including grants of \$ including grants of \$		
	See Additional Data (Code: See Additional Data (Code: OTHER PROGRAM EXPER) (Expenses \$) (Expenses \$	2,815,507 2,139,864 GANIZATIONS PUR	including grants of \$ including grants of \$	48,000) (Revenue \$) (Revenue \$)
4c	See Additional Data (Code: See Additional Data (Code: OTHER PROGRAM EXPER) (Expenses \$) (Expenses \$ NSES RELATED TO THE ORG ces (Describe in Schedu 2,139,864 incli	2,815,507 2,139,864 GANIZATIONS PUR	including grants of \$ including grants of \$ RPOSE.	48,000) (Revenue \$)

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Yes

Form **990** (2021)

	Charlist of Barrised Cahadulas			rage 3
Pai	tiv 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
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		No
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	Yes	
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 \footnote{S} .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	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		No
	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 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

rm :	990 (2021)			Page 4
Parl	Checklist of Required Schedules (continued)			
_			Yes	No
	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		No
	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	Yes	
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
	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		No
	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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	100	No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
<u> </u>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
ŀ	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		No
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	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		No
8	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	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	∐ Na
La	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			

1c

OIIII	990 (2021)			Page 5
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_		5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			N
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
. D	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. 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.			
С	The organization is needed to issue quantities plants			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110
		14D		
	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?	15		No
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		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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		

Form 990 (2021) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. **✓** Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes Each committee with authority to act on behalf of the governing body? 8b Yes 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 in Schedule O 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on **12**c Yes 13 Did the organization have a written whistleblower policy? 13 Yes Did the organization have a written document retention and destruction policy? 14 Nο 14 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? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Yes 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 No 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 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 in Schedule O) Describe in 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ▶THE ORGANIZATION 1240 ROSECRANS AVENUE NO 120 MANHATTAN BEACH, CA 90266 (310) 463-6965

Form 990 (2021)

DIRECTOR, ENGINEERING (NCMEC)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

• List all of the organization's former directo organization, more than \$10,000 of reportable co	ompensation fro	m the								
See the instructions for the order in which to list	•									
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o no e bot) t ch ox, u h an		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) CHRISTOPHER A KUTCHER	1.00			,,						
CO-FOUNDER/CHAIRMAN		X		X				0	0	0
(2) SUZANNE BELL SECRETARY	1.00	х		х				0	0	0
(3) RAY CHAMBERS BOARD MEMBER	1.00	х						0	0	0
(4) NEELIE KROES BOARD MEMBER	1.00	х						0	0	0
(5) ERNIE ALLEN BOARD MEMBER	1.00	Х						0	0	0
(6) JOE LONSDALE BOARD MEMBER	1.00	х						0	0	0
(7) VANESSA KANU BOARD MEMBER	1.00	Х						0	0	0
(8) JULIE CORDUA CEO/BOARD MEMBER	40.00	х		х				298,277	0	30,832
(9) CHRISTIAN NA GEN. COUNSEL/ASST. SEC. (THRU 2/21)	40.00			x				24,660	0	2,151
(10) JAMES WILLIAMS GENERAL COUNSEL	40.00			х				161,213	0	12,678
(11) MICHELLE CORMACK VP, FINANCE/CFO	40.00			x				196,066	0	25,043
(12) JIM PITKOW HEAD OF BUILD	40.00				х			228,728	0	10,975
(13) KRISTIN BOORSE	40.00									
VP, VICTIM IDENTIFICATION					Х			202,046	0	17,284
(14) SARAH GARDNER VP, EXTERNAL AFFAIRS	40.00				х			220,951	0	28,445
(15) BROOKE ISTOOK VP, YOUTH & COMMUNITIES	40.00				х			190,197	0	27,194
(16) JOHN STARR VP, INDUSTRY	40.00				х			205,167	0	21,776
(17) MOSHE EZDERMAN DIRECTOR. ENGINEERING (NCMEC)	40.00					х		199,669	0	19,700

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, ar	nd Hig	jhes	t Compensated	Employees (d	ont	inued)	
(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι ın of	t che unles	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations	,	Estima amount of compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)		organizat relat organiz	:ed
(18) EMILY SCHULTZ	40.00					Х		194,032		0		9,793
DIRECTOR, ENGINEERING (SAFER) (19) MELISSA STROEBEL					\vdash	X		175,135		0		3,313
(20) TRAVIS BRIGHT					\vdash			•		+		
DIRECTOR, PRODUCT (NCMEC) (21) CHRISTINA CRIMMINS		••••			⊬	X		174,700		0		7,130
DIRECTOR, ENGINEERING (SAFER)	40.00				_	X		173,907		0		25,860 ———
					\vdash							
					$oxed{igspace}$							
1b Sub-Total	/II, Section A				•			2.644.740				242.474
d Total (add lines 1b and 1c) Total number of individuals (including but						▶ vho re	ceive	2,644,748 ed more than \$100	0			242,174
of reportable compensation from the orga								T				
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	,		•		•	e, or h	-	•	mployee on	3	Yes	No No
For any individual listed on line 1a, is the organization and related organizations grindividual									he	4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization?If '					,		-	•	I		165	
_		5077000	110 5 1	0, 3	-	persor	•			5		No
Section B. Independent Contractors Complete this table for your five highest of from the organization. Report compensations.	compensated in									pens	sation	
	(A)	iuai ye	ai en	umg	wit	ii or w	iunin		(B)		(C	
INSTRUMENT INC	oùsiness address							CREATIVE AGE	tion of services NCY/CONSULTING		Compen	726,932
3529 N WILLIAMS AVE PORTLAND, OR 97227								FIRM				
FINSBURY GLOVER HERING EUROPE								STRATEGIC MA ADVISORY SER	ANAGEMENT AND RVIC			365,780
3 WASHINGTONPLATZ BERLIN GM												
BENESON STRATEGY GROUP								CONSULTING A	AND STRATEGIC	İ		304,900
757 20TH AVE STE 370 DENVER, CO 80205 TIKTOK INC								ADV/EDITICING	FOR CAMPAIGN			280,980
PO BOX 894476								MOVENIISING	TOR CAMPAIGN			200,300
LOS ANGELES, CA 90189 SKDKNICKERBOCKER STRATEGIC COMMUNICATIONS 233,539							233,539					
1150 18TH ST NW STE 180 WASHINGTON, DC 20036												
2 Total number of independent contractors (in	ncluding but not	limited	l to t	hose	e list	ed abo	ove)	who received more	e than \$100,000	of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 10

		(2021)								Page 9
Part	VIII						line in this Dort VIII			
		Check If Sched	aule_	O contains a	respo	nse 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
10 £	1 a	Federated campaig	gns	1	.a	<u> </u>	1			'
ant	b	Membership dues		. 1	.b					
s, Grants Amounts		Fundraising events		<u> </u>	lc					
iifts ar /		Related organization			.d					
imi		Government grants (· <u> </u>	.e					
Contributions, Gift and Other Similar	'	All other contributions and similar amounts above	not ir	ncluded	Lf	12,917,089				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution	s incl							
ont nd 0	h	Total. Add lines 1a	a-1f		.g	2,907,058				
<u>ပ ခ</u>	-"	Total: Add lines 1			•	Business Code	12,917,089			
	2a	2a SOFTWARE SUBSCRIPTION				900099	3,875,204	3,875,204		+
He He						900099				
even	b	•								
Program Service Revenue	ا (
ervic										+
S.	d									
ogra	e	•								
Ĕ	_ ا									
		All other program Total. Add lines 2				3,875,204				
	⊢	Investment income								
	9	similar amounts) .	•			•	26,83	9		26,839
	l	4 Income from investment of tax-exer 5 Royalties				ond proceeds >				
	-	,		(i) Rea	-	(ii) Personal				
	6.	Gross rents	6a							
		Less: rental					_			
		expenses	6b				_			
	С	Rental income or (loss)	6с							
	٠	Net rental income	or]			
	_	(i) Securities			ies	(ii) Other	_			
	/ a	from sales of assets other than inventory	7a	9,1	66,962	1,486,486	5			
	b	Less: cost or other basis and sales expenses	7b	6,8	60,692	1,558,100	D			
	c	Gain or (loss)	7c	2,3	06,270	-71,614	1			
	l	d Net gain or (loss)					2,234,65	6		2,234,656
Other Revenue	8 a	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	of line 1c).	8a					
Re	l t	Less: direct expen	ses		8b		_			
her	١ ،	Net income or (los	ss) fr	om fundraisii	ng eve	ents 🕨				
	9a	Gross income from	aam	ing activities.						
		See Part IV, line 19			9a					
		Less: direct expen			9b					
	ľ	: Net income or (los	ss) fr	om gaming a	Ctiviti	es <u>></u>	1			
	10	aGross sales of inve returns and allowa	ento	ry, less						
	 	Less: cost of good			10a 10b		_			
		Net income or (los				ory ►	_			
		Miscellaneo				Business Code				
	11	La								
	١.									
	t	,								
	(
	`	-								
	,	All other revenue								
		Total. Add lines 1	1a-:	L1d		•				
	12	2 Total revenue. S	ee ir	nstructions .			10.052.70	2 075 30	1	0 2 261 405
	<u> </u>					•	19,053,78	8 3,875,20	*	0 2,261,495 Form 990 (2021)

Form 990 (2021)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omnlete all columns	All other organization	ns must complete colu	ımn (A)
	•		ins must complete cold	(A).
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	50,000	50,000		·
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	1,903,682	1,152,763	750,919	
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	10,327,021	8,504,988	920,235	901,798
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	182,918	159,886	10,894	12,138
9 Other employee benefits	1,186,256	1,022,737	67,629	95,890
10 Payroll taxes	869,824	710,292	104,724	54,808
11 Fees for services (non-employees):				
a Management				
b Legal	114,437	43,200	71,237	
c Accounting	42,934		42,934	
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)	121,174	74,818	45,922	434
12 Advertising and promotion	1,097,834	929,709	107,755	60,370
13 Office expenses	124,463	102,601	14,316	7,546
14 Information technology	724,057	575,048	103,840	45,169
15 Royalties				
16 Occupancy	153,635	78,087	69,218	6,330
17 Travel	101,844	52,463	33,301	16,080
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTENT DEVELOPMENT	1,245,590	1,245,590		
b POLICY AND ADVOCACY	572,063	511,015	30,524	30,524
c RESEARCH	217,700	217,700		
d PROFESSIONAL DEVELOPMEN	188,364	88,111	88,399	11,854
e All other expenses	331,368	99,964	74,728	156,676
25 Total functional expenses. Add lines 1 through 24e	19,555,164	15,618,972	2,536,575	1,399,617
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
Check here F Li ii following 50r 96-2 (A3C 936-720).				

Form 990 (2021)

107.846

106,148

6,175,771

2.899.543

56,967,204

540,160

637.915

1.060.234

2.238.309

30,389,841

24,339,054

54,728,895

56,967,204

0

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Page 11

776,250

150,073

8,682,665

1.315.697

831,163

55,899,980

641,779

387.915

1,021,824

2.051.518

38,597,946

15,250,516

53,848,462

55,899,980

Form 990 (2021)

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

Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

controlled entity or family member of any of these persons

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> \square and

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Inventories for sale or use . . Prepaid expenses and deferred charges .

		Beginning of year		End of year
1	Cash-non-interest-bearing	7,358,575	1	8,842,077
2	Savings and temporary cash investments	14,833,365	2	19,232,684
3	Pledges and grants receivable, net	25,485,956	3	16,069,371

Assets

11

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21

23

24

25

26

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28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

separate basis, consolidated basis, or both: Separate basis Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b Yes 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:

✓ Separate basis Consolidated basis ☐ Both consolidated and separate basis

Yes

3h

Nο

Form 990 (2021)

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? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133? 3a

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 in Schedule O and describe any steps taken to undergo such audits.

Additional Data

Software ID:

Software Version: EIN: 27-0943677

Name: THORN

Form 990 (2021)

101111 990 (2021)

Form 990, Part III, Line 4a:

DEVELOP, DEPLOY, AND MAINTAIN SOFTWARE TECHNOLOGY FOR USE BY LAW ENFORCEMENT THAT INCREASE THE EFFICIENCY AND EFFECTIVENESS OF THEIR INVESTIGATIONS ALLOWING THEM TO MORE QUICKLY IDENTIFY CHILD SEXUAL ABUSE MATERIAL ON THE INTERNET ACCELERATING VICTIM IDENTIFICATION AND RESCUE.

DEVELOP, DEPLOY, AND MAINTAIN SOFTWARE TECHNOLOGY FOR USE BY COMPANIES OPERATING ONLINE PLATFORMS THAT HOST USER GENERATED CONTENT. THESE SOFTWARE SOLUTIONS ENABLE COMPANIES TO PROACTIVELY IDENTIFY, REMOVE AND REPORT CHILD SEXUAL ABUSE MATERIAL.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c:

ABUSE ON THE INTERNET.

THORN USES IT'S EXPERTISE TO IDENTIFY THREATS AND OPPORTUNITIES TO CREATE AN INTERNET FREE OF CHILD SEXUAL ABUSE MATERIAL. THORN AIMS TO CREATE

AWARNESS BY CREATING PUBLIC AWARENESS AND MOBILIZING THE PUBLIC TO ELIMINATE THE SEXUAL ABUSE OF CHILDREN AND THE SPREAD OF IMAGES OF THEIR

efil	e GR/	APHIC pri	<u>it - DO NOT PROC</u>	DO NOT PROCESS As Filed Data -								
SCI	HED	ULE A	Dub	lic C	harity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
(For	m 99	0) f the Treasury	Complete if t	he or	ganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 10-EZ.	r a section	2021			
Interna	ıl Reven	nue Service	► Go to <u>ww</u>	w.irs.	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam THORI		he organiza	tion					Employer identific	ation number			
								27-0943677				
	rt I		for Public Charity a private foundation be					See instructions.				
1			onvention of churches,		•			(A)(i).				
2		•	scribed in section 170				. ,, ,	(,(-)-				
3			or a cooperative hospita		,,,,,	,	, ,	iii).				
4		·	esearch organization o		-			•	nter the hospital's			
•	Ш	name, city,		perate	a iii conjunction with	a nospital descri	bed iii section .	170(D)(1)(A)(III). L	inter the hospital's			
5			ation operated for the k (iv). (Complete Part II		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170			
6		A federal, s	tate, or local governme	ent or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).				
7	✓		ation that normally recording that normally recording (b)(1)(A)(vi). (Con			s support from a	governmental u	init or from the gener	al public described in			
8			ty trust described in s e	-	<u>-</u>	(Complete Part I	I.)					
9			ural research organizat rant college of agricultu						ege or university or a			
10		from activit investment	ation that normally reco ies related to its exem income and unrelated See section 509(a)(2	pt func busine	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its s	upport from gross			
11		An organiza	ation organized and ope	erated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ation organized and operly By supported organizate Through 12d that des	ions de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a				
а		organizatio	supporting organization n(s) the power to regu Part IV, Sections A a	larly ap								
b		manageme	supporting organization or the supporting or	ganizat	tion vested in the sar							
c			unctionally integrate						ted with, its			
d		Type III n	organization(s) (see insome functionally integrated. The organ	grated ization	. A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar				
e		Check this	 You must complet box if the organization or Type III non-function 	receive	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported organiza			-		<u> </u>				
g	Provi	de the follow	ing information about	the sup	pported organization(
	(i) N	Name of supported organization		:N	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota			tion Act Notice, see t			Cat. No. 11285			A (Form 990) 2021			

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.

Page 2

	Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	3,157,135	7,254,172	61,728,173	11,248,005	12	2,917,089	96,304,574
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 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	3,157,135	7,254,172	61,728,173	11,248,005	12	2,917,089	96,304,574
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							30,523,673
	Public support. Subtract line 5 from line 4.							65,780,901
	Section B. Total Support	ı						
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
7	Amounts from line 4	3,157,135	7,254,172	61,728,173	11,248,005	17	2,917,089	96,304,574
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,465	120,065	19,777	146,379		26,839	314,525
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.).		10,000					10,000
11	Total support. Add lines 7 through							96,629,099
12	10 Gross receipts from related activities,	etc. (see instruction	ns)			12		6,244,167
	First 5 years. If the Form 990 is for t	•	•				2) organia:	
13	•	-		•	•			ation, check
_	this box and stop here					<u>r</u>	<u>' </u>	
				alumn (f))		144		60.000.00
14	Public support percentage for 2020 Sc					14 15		68.080 %
	33 1/3% support test—2021. If the						heck this h	66.600 %
	and stop here. The organization qual 33 1/3% support test—2020. If th	ifies as a publicly s ne organization did	supported organiza not check a box o	tion n line 13 or 16a, a		 3% or m	ore, check	. ▶ ☑ this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization in Part VI how the organization meets	t— 2021. If the orgon meets the "facts	ganization did not e -and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and stop he	and line re. Expla	14 iin	. ▶⊔
b	organization	st—2020. If the orzation meets the "form meets the "facts on meets the "facts"	rganization did not facts-and-circumst s-and-circumstanc	check a box on lii ances" test, check es" test. The organ	ne 13, 16a, 16b, o this box and stor nization qualifies a	r 17a, ar here. s a publi	nd line cly	_
18	supported organization	on did not check a	box on line 13, 16			 and see		▶□

If the organization failed to qualify under the tests listed below, please complete Part III.)

Sche	dule A (Form 990) 2021						Page 3
P	Support Schedule for						
	(Complete only if you c						under Part II. If
-	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.)	
Se	ction A. Public Support Calendar year		Γ	I	I	1	
	(or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	 					
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services	 					
	performed, or facilities furnished in	 					
	any activity that is related to the	 					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business	 					
	under section 513	 					
4	Tax revenues levied for the						
	organization's benefit and either paid	 					
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
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.						
	Add lines 7a and 7b.	ļ					
8	Public support. (Subtract line 7c	 					
Sa	from line 6.) ection B. Total Support						
36	• • • • • • • • • • • • • • • • • • • •		ı		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	21 (f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).			<u> </u>	<u> </u>		
L4	First 5 years. If the Form 990 is for the	ne organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	organization,
	check this box and stop here						• 🗆
Se	ction C. Computation of Public						
15	Public support percentage for 2021 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15	
۱6	Public support percentage from 2020 S	Schedule A, Part I	II, line 15			16	
	ction D. Computation of Invest						
.7	Investment income percentage for 202			line 13. column (f	5)	17	
.8	Investment income percentage from 2	•	. ,		**	18	
	331/3% support tests—2021. If the						nd line 17 is not
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2020. If the	-			*		
	not more than 33 1/3%, check this box	-	-				_
20	Private foundation. If the organization	on did not check a	hov on line 14	I Qa or 10h chack	this boy and see	instructions	▶ I I

6

7

8

answer line 10b below.

the organization had excess business holdings).

Part IV Supporting Organizations

6

7

8

10a

10b Schedule A (Form 990) 2021

Page 4

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

12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations													
												Yes	N
		,											T^{-}

Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

2 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations.

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document). 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 Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).

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).

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI.

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

9a organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

	nedule A (Form 990) 2021		F	age 5		
Pä	art IV Supporting Organizations (continued)					
			Yes	No		
11	, , , , , , , , , , , , , , , , , , , ,					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, governing body of a supported organization?	the 11a				
h	b A family member of a person described on 11a above?	11b				
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in F					
_	VI. Section B. Type I Supporting Organizations					
-	Section B. Type I Supporting Organizations		Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year.		103	110		
	applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
	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 trustee	s of	165	NO		
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
_	Section D. All Type III Supporting Organizations					
	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?						
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2				
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this rega	5				
-5	Section E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte 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.	ed 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? If "Yes" or "No", provide details in Part VI .	of 3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h				

instructions)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.										
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)							
1	Net short-term capital gain	1									
2	Recoveries of prior-year distributions	2									
3	Other gross income (see instructions)	3									
4	Add lines 1 through 3	4									
5	Depreciation and depletion	5									
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6									
7	Other expenses (see instructions)	7									
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8									
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)							
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1									
a	Average monthly value of securities	1a									
b	Average monthly cash balances	1 b									
С	Fair market value of other non-exempt-use assets	1c									
d	Total (add lines 1a, 1b, and 1c)	1d									
e	Discount claimed for blockage or other factors (explain in detail in Part VI):										
2	Acquisition indebtedness applicable to non-exempt use assets	2									
3	Subtract line 2 from line 1d	3									
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4									
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5									
6	Multiply line 5 by 0.035	6									
7	Recoveries of prior-year distributions	7									
8	Minimum Asset Amount (add line 7 to line 6)	8									
	Section C - Distributable Amount			Current Year							
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1									
2	Enter 85% of line 1	2									
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3									
4	Enter greater of line 2 or line 3	4									
5	Income tax imposed in prior year	5									
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6									
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see							

e Excess from 2021.

Schedule A (Form 990) (2021)

Page 7

Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 Distributions to attentive supported organizations to which the organization is responsive (provide

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

7 Total annual distributions. Add lines 1 through 6. 8 details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2021 Amount for 2021

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in **Part VI**). See instructions.

3 Excess distributions carryover, if any, to 2021: a From 2016. **b** From 2017. **c** From 2018. **d** From 2019. e From 2020. f Total of lines 3a through e

q Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$

a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 3j and 4c.

7 Excess distributions carryover to 2022. Add lines 8 Breakdown of line 7: a Excess from 2017. **b** Excess from 2018. . . . c Excess from 2019. d Excess from 2020.

Schedule A (Form 990) 2021 Page 8
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).
	Facts And Circumstances Test

SCHEDULE C

(Form 990)

3

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493314070842

Open to Public Inspection

Department of the Treasury ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

- Section 527 organizations: Complete Part I-A only.

- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** THORN 27-0943677 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." Political campaign activity expenditures. See instructions 2 3

Volunteer hours for political campaign activities. See instructions Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes ☐ No

If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......

Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

2 5

9.898

210,886

13,208

250,000

Schedule C (Form 990) 2021

23,106

460,886

691,329

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

	complete if the organization is exempt under section 501(c)(3) and has NOT fill Form 5768 (election under section 501(h)).	ed				
-or	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
	vity.	Yes	No	Amou		t
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b				1		
c	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					_
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					_
i	Other activities?					_
j	Total. Add lines 1c through 1i					_
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
'a	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), 0	r secti	on	Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		F	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		🕇	3		
a	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c))(6
	Dues, assessments and similar amounts from members	1				_
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
2	expenses for which the section 527(f) tax was paid). Current year	2a				
a b	expenses for which the section 527(f) tax was paid). Current year Carryover from last year	2b				
a b c	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	2b 2c				
a b c	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	2b				
b	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	2b 2c 3				
2 a b c	expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	2b 2c				

Explanation

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493314070842

OMB No. 1545-0047

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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

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

THO	me of the organization DRN			Employer iden	uncation nu	mber
				27-0943677		
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye			or Accounts.		
	Complete if the organization answered Te		or advised funds	(b) Funds a	and other acc	ounts
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 adviso organization's property, subject to the organization's ex					es 🗆 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for any other purpose (issible	es 🗆 No
Pa	Conservation Easements. Complete if the organization answered "Ye	es" on Form 990	Part IV line 7			
1	Purpose(s) of conservation easements held by the orga					
-	Preservation of land for public use (e.g., recreation	•		historically import	tant land area	1
	Protection of natural habitat	or caacadon)		certified historic st		•
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	tion contribution in the fo		on the End of th	ne Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified histori	ic structure include	d in (a)	2c		
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06,	and not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	uished, or terminated by	the organization d	uring the	
4	Number of states where property subject to conservation	on easement is loca	ted >			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			· -	☐ Yes ☐] No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of v	iolations, and enforcing co	onservation easem	ents during tl	he year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ons, and enforcing conser	vation easements	during the ye	ar
8	Does each conservation easement reported on line 2(d)	above satisfy the	requirements of section 1	70(h)(4)(B)(i)		
	and section $170(h)(4)(B)(ii)$?				☐ Yes ☐	No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				
Par	TIII Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar Asso	ets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, educ	ation, or research in furth			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:	SC 958, to report in	its revenue statement ar			e the
((i) Revenue included on Form 990, Part VIII, line $f 1$			> \$		
(ii)Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of art, histori following amounts required to be reported under FASB.			ncial gain, provide	the	
а	Revenue included on Form 990, Part VIII, line 1			> \$		
b	Assets included in Form 990, Part X			▶\$_		
or	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat. No.	52283D Sched	ule D (Form	990) 202

Par	Organizations Maintaining Col	lections of Art,	HISTOR	icai ir	easure	s, or	otner	Similar As	sets (conti	nuea)	
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records	s, check	any of	the follow	ing th	at are a	significant u	ise of its coll	ection	
а	Public exhibition		d		Loan or	exchar	nge prog	ırams			
b	Scholarly research		е		Other						
c	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how the	ey furth	ner the or	ganiza	tion's e	xempt purpo	se in		
	Part XIII.	·									
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to								☐ Yes	□ N	o
Pai	rt IV Escrow and Custodial Arrange					_					
	Complete if the organization answ X, line 21.	vered "Yes" on Fo	orm 990), Part	IV, line	9, or	reporte	ed an amou	int on Forn	າ 990,	Part
1 a	Is the organization an agent, trustee, custodi	an or other interme	diary for	r contrib	outions or	other	assets	not			
	included on Form 990, Part X?								☐ Yes	\square N	o
						_					_
b	If "Yes," explain the arrangement in Part XIII		-			F	1c	A	mount		_
C	• •	Beginning balance									_
d	Additions during the year					\vdash	1d				_
e •	Distributions during the year					\vdash	1e				_
f	Ending balance					L	1f				_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for	escrow	or custo	dial ac	count li	ability?	☐ Yes	□ N	0
b	If "Yes," explain the arrangement in Part XIII	. Check here if the	explanat	ion has	been pro	vided	in Part	XIII			
Pa	rt V Endowment Funds.										
	Complete if the organization answ	vered "Yes" on Fo		<mark>), Part</mark> Prior yea			ars back	(d) Three yes	ars back (e)	Four you	re baek
1 2	Beginning of year balance	(a) Current year	(6)	Prior yea	(6)	iwo yea	ars Dack	(a) Three yea	ars back (e)	rour yea	rs back
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, colur	mn (a)) h	eld as	;				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
c	Term endowment ▶										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3а	Are there endowment funds not in the posses organization by:	sion of the organiza	ation tha	it are he	eld and ad	lminis	tered fo	r the		Yes	No
	(i) Unrelated organizations								3a(i)		
b	(ii) Related organizations			 edule Pi					3a(ii) 3b		
4	Describe in Part XIII the intended uses of the	· ·					•				
	rt VI Land, Buildings, and Equipmen			ranas.							
ı Gı	Complete if the organization answ		orm 990), Part	IV, line	11a. :	See Fo	rm 990, Pa	rt X, line 1	0.	
	Description of property (a) Cost or oth (investment)		st or other	r basis (d	other) (c) Accur	mulated (depreciation	(d) B	ook valu	е
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment										
	Other										
Tota	Add lines 1a through 1e (Column (d) must a	agual Form 990 Pa	rt Y coli	ımn (B)	line 10/	c))					

Part VII	Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h	See Fo	rm 990 Part X I	ine 12
	(a) Description of security or category (including name of security)	(b) Book value			(c) Method of value or end-of-year ma	ation:
	ll derivatives					
(A)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV.	line 11c	. See Fo	rm 990, Part X,	ine 13.
	(a) Description of investment	,	(b) Boo		(c) Method	l of valuation: year market value
(1)					2001 01 0110 01	year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)	١				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV,	line 11d	. See Fori	m 990, Part X, line	15. (b) Book value
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•	
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability		line 11e	or 11f.S	ee Form 990, Pa	rt X, line 25. (b) Book valu
1. (1) Federal	income taxes	У				(b) Book valu
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)				•	
•	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check		_			· -

2

b

d

e

b

C

d

е 3

4

3

4

Schedule D (Form 990) 2021

Page 4

2,249,469

19,053,788

2,628,526

19,555,164

Schedule D (Form 990) 2020

Add lines **4a** and **4b** 4c 0 C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 19,053,788 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. Total expenses and losses per audited financial statements 1 22,183,690 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 2,628,526 2b

2a

2b

2c

2d

4a

4b

2c

2d

-379.057

2.628.526

2e

3

2e

3

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities

Other (Describe in Part XIII.)

Subtract line **2e** from line **1**

Prior year adjustments

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 19.555.164 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

Part XIII

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation See Additional Data Table

Page 5		chedule D (Form 990) 2020			
	ormation (continued)	Part XIII Supplemental Inf			
	Explanation	Return Reference			

Schedule D (Form 990) 2021

Additional Data

Software ID: Software Version:

EIN: 27-0943677

Name: THORN

S. THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE

Supplemental Information

Return Reference Explanation PART X, LINE 2: FIN 48: THE ORGANIZATION ACCOUNTS FOR THE PROVISIONS OF FASB ASC 740-10-25 (FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) AND UNDER THESE PROVISI ONS, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE O RGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDING LY. IT HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS OR ANY RELATED INTER EST OR PENALTIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY THE TAXING JURISDICTION

AND FOUR YEARS, RESPECTIVELY.

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -				DI	N: 93493314070842
Note: To capture the full co	ntent of this do	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	en printing.		
Schedule I		Grants and O	thar Accietan	oo to Oraaniz	ations		OMB No. 1545-0047
(Form 990)	4		ther Assistand		2021		
			and Individuals	-	-		2021
Danastwa ant of the	Coi	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	<u>v.irs.gov/Form990</u> for			Inspection	
Name of the organization THORN						Employer identifi	cation number
IHOKN						27-0943677	
Part I General Informa	tion on Grants	and Assistance				•	
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	award the grants	or assistance?				e, and	☑ Yes ☐ No
Part III Grants and Other As	ssistance to Dom		nd Domestic Governme		rganization answered "Yes"	on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) STOP IT NOW 351 PLEASANT ST STE B-319 NORTHAMPTON, MA 01060	04-3150129	501(C)(3)	48,000	0			FUND HOTLINE
2 Enter total number of section	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .			•	1
3 Enter total number of other	organizations listed	d in the line 1 table				•	
For Paperwork Reduction Act Notice	, see the Instruction	ns for Form 990.		Cat. No. 50055	5P	Sc	hedule I (Form 990) 2021

Page **2**

Schedule I (Form 990) 2021

(2) (3)

(4)

(5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference

DOCUMENTATION SUCH AS GRANT PROPOSALS, SIGNED AGREEMENTS, REPORTS FROM GRANTEES, ETC.

THE ORGANIZATION ENTERS INTO APPROPRIATE CONTRACTUAL AGREEMENTS WITH GRANTEES REQUIRING THEM TO ACCOMPLISH CHARITABLE WORK OF DIRECT

BENEFIT TO THE PUBLIC AS SPECIFICALLY DESCRIBED IN THE AGREEMENT. THE COMPANY MAINTAINS INFORMATION ON GRANTS, INCLUDING SUPPORTING

Schedule I (Form 990) 2021

PART I, LINE 2:

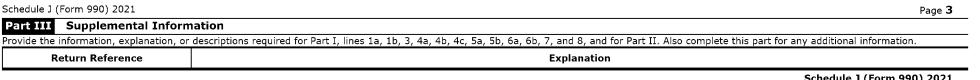
efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934933140									
	nedule J	C	ompensati	ion Information	0	MB No.	1545-0	0047	
(Fori	m 990)	► Complete if the org	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV ato Form 990.	, line 23.	20			
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	mation.	Open t Insp	o Pul ectio		
Nar	me of the organiz	ation			Employer identifica				
THC	JKN				27-0943677				
Pa	rt I Questi	ons Regarding Compensa	ition						
1 a				f the following to or for a person liste y relevant information regarding the			Yes	No	
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use				
	_	companions		Payments for business use of perso	•				
		nification and gross-up payment	ts \square	Health or social club dues or initiation	on fees				
	Discretion	nary spending account		Personal services (e.g., maid, chaut	ffeur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b			
2				or allowing expenses incurred by all r, regarding the items checked on Lir	20.122	2			
	unectors, truste	es, officers, including the CEO/1	executive Director	r, regarding the items checked on th	le La:				
3				ed to establish the compensation of the	he				
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	✓ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant	<u> </u>	Compensation survey or study					
		of other organizations	<u>~</u>	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No	
b		· · ·		ified retirement plan?		4b		No	
c			,	nsation arrangement? . plicable amounts for each item in Par		4c		No	
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-0					
5	For persons liste			the organization pay or accrue any					
а	The organization	n?				5a		No	
b	, -	anization?				5b		No	
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any					
а	-	n?				6a		No	
b						6b		No	
_	•	6a or 6b, describe in Part III.	6 1: 4		J				
7				the organization provide any nonfixe rt III		7		No	
8	subject to the ir		ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do	escribe 			NI -	
9		8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		No_	
For F	, ,	uction Act Notice, see the Ins			50053T Schedule		990)	2021	

Schedule J (Form 990) 2021

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII.

instructions, on row (ii). Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90, otal	, Part VII. I amount of For	m 990, Part VII, Se	ection A, line 1a, ap	oplicable column ([)) and (E) amoun	ts for that indi	vidual.
		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred		(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other compensation		(B)(i)-(D)	reported as deferred on prior Form 990
See Additional Data Table								
								_
	_			•	•			



(NCMEC)

11MELISSA STROEBEL VP, RESEARCH & INSIGHTS

12JAMES WILLIAMS GENERAL COUNSEL (ii)

(i)

175,135

161,213

Software ID:

Software Version:

EIN: 27-0943677

Name: THORN

(A) Name and Title		(B) Breakdown of W-2	2, 1099-MISC compensation	on, and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	
1JULIE CORDUA CEO/BOARD MEMBER		298,277	0	0	8,948	21,884	329,109	0
·	(ii)	О	0	0	0	0	0	0
1SARAH GARDNER VP, EXTERNAL AFFAIRS	(i)	220,951	0	0	6,623	21,822	249,396	0
,	(ii)	0	0	0	0	0	0	0
2)IM PITKOW HEAD OF BUILD	(i)	163,343	0	65,385	1,253	9,722	239,703	0
	(ii)	0	0	0	0	0	0	0
3 JOHN STARR VP, INDUSTRY	(i)	205,167	0	0	0	21,776	226,943	0
,	(ii)	0	0	0	0	0	0	0
4MICHELLE CORMACK VP, FINANCE/CFO	(i)	196,066	0	0	5,356	19,687	221,109	0
	(ii)	0	0	0	0	0	0	0
5MOSHE EZDERMAN DIRECTOR, ENGINEERING	(i)	199,669	0	0	0	19,700	219,369	0
(NCMEC)	(ii)	0	0	0	0	0	0	0
6 KRISTIN BOORSE VP, VICTIM	(i)	202,046	0	0	6,061	11,223	219,330	0
IDENTIFICATION	(ii)	0	0	0	0	0	0	0
7 BROOKE ISTOOK VP, YOUTH & COMMUNITIES	(i)	190,197	0	0	5,467	21,727	217,391	0
	(ii)	o	0	0	0	0	0	0
8 EMILY SCHULTZ DIRECTOR, ENGINEERING	(i)	194,032	0	0	2,382	7,411	203,825	0
(SAFER)	(ii)	0	0	0	0	0	0	0
9CHRISTINA CRIMMINS DIRECTOR, ENGINEERING	(i)	173,907	0	0	5,217	20,643	199,767	0
(SAFER)	(ii)	0	0		0	0	0	C
10TRAVIS BRIGHT DIRECTOR, PRODUCT	(i)	174,700	0	0	0	7,130	181,830	0

3,313

12,678

178,448

173,891

0 -0

0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493					4933	1407	70842						
Schedule L				ns with Interested Persons							OMB No. 1545-0047		
► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.							5,	2021					
			▶ Atta	ch to Form 99	0 or Form 99	0-EZ.		. :					
Department of the Trea Internal Revenue Servi		Go to <u>www.ii</u>	rs.gov/Foi	<u>m990</u> for inst	ructions and	tne latest in	rorma	tion.		1	Open t Insp		
Name of the orga	anization						Er	nplo	yer ide	ntifica	ition n		
THORN							27	'-094	3677				
Part I Exce	ss Benefit Tra	insactions (section 501	(c)(3), section	501(c)(4), and	d section 501(c	(29)	orgar	nization	s only)).		
	ete if the organiz Name of disqua			Form 990, Part Relationship be	<u>, </u>						_	\ Corr	antad?
1 (a) Name of disqua	ilified person	(0)		etween disqua organization	iiried person ai	na		escript ansacti			(d) Corrected? Yes No	
											 '		110
							+						
2 Enter the ar	mount of tax incu	rred by the ord	ganization r	managers or dis	gualified perso	ons durina the	vear u	ınder	section	<u> </u>			
4958			·						•	\$			
3 Enter the ar	nount of tax, if a	ny, on line 2, a	above, reim	bursed by the c	organization .		•			\$			
Con	ans to and/or nplete if the orga orted an amount	nization answe	red "Yes" c	n Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	anizat	tion
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan	to or from the	(e) Original		(g)			h) (i) Written			
interested person	with organizatio	zation of loan	orga	nization?	principal amount	due	defa	default? A		proved by board or		agreement?	
									comm	nittee?	ee?		
			То	From			Yes	No	Yes	No	Yes		No
											\vdash		
T-4-1													
	nts or Assista	nce Benefit	ing Inter		▶ \$ ne								
	plete if the org		_			, line 27.							
(a) Name of inter	ested person (b) Relationship	between		of assistance	(d) Type	of assi	stanc	:e	(e) Pu	rpose o	f assi	stance
	ir	nterested perso organizat											
	+	or garnzat				†			-+				
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For Paperwork Red	ustion Ast Notice	see the Instru	ctions for E	 	F7 C.	at. No. 50056A				Cabadi	ıle L (Fo	01	201 202

			Yes	No
(1) JIM PITKOW	BOARD MEMBER THRU 5/2021	SOFTWARE ENGINEERING STRATEGY & MANAGEMENT		No
Part V Supplemental I	nformation		•	

Explanation

Schedule I (Form 990) 2021

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference

DLN: 93493314070842 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2021 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THORN 27-0943677 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . 359,377 FAIR MARKET VALUE Securities—Publicly traded . Χ 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 . . 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 . . Other ▶ (CRYPTOCURRENCY) Χ 25 2,547,680 SELLING PRICE 26 Other ▶ (______) **27** Other ▶ (______) Other ▶ (______) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 three 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 Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2021) Cat. No. 51227J

Schedule M (Form 990) (2021)	Page 2
	ution. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT IN COLUMN (B) REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED.
	Schedule M (Form 990) (2021)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLI	N: 93493314070842	
SCHEDUL (Form 990) Department of the T Internal Revenue Se	990 or 990-EZ ecific questions on information.	2021 Open to Public Inspection		
Name of the org THORN 990 Schedul	anization e O, Supplemental Information	Employer ider 27-0943677	tification number	
Return Reference	Explanation			
FORM 990, PART VI, SECTION B, LINE 11B	DESCRIBE THE PROCESS THE ORGANIZATION USES TO REVIEW FORI STAFF IS RESPONSIBLE FOR COMPILING KEY COMPONENTS AND SUF THE FORM 990. USING INFORMATION PROVIDED BY THE ORGANIZATION INDEPENDENT ACCOUNTING FIRM. THE FINAL FORM 990 IS DISTRIB CFO AND THE INDIVIDUAL MEMBERS OF THE BOARD OF DIRECTORS F WITH THE IRS.	PPORTING SCHEDULE INFO DN, THE FORM 990 IS PREI UTED VIA EMAIL TO THE C	DRMAION FOR PARE BY A EO, THE	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DESCRIBE HOW THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTERE ST POLICY. AS WRITTEN IN OUR CONFLICT OF INTEREST POLICY, AN INTERESTED PERSON MUST DISCLO SE THE EXISTENCE OF THE FINANCIAL INTEREST AND DISCLOSE ALL MATERIAL FACTS TO THE BOARD TO CONSIDER THE PROPOSED TRANSACTION OR ARRANGEMENT. IF A PERSON IS POTENTIALLY FOUND TO HAV E A FINANCIAL INTEREST IN CONNECTION WITH A CONFLICT OF INTEREST, THEN IT IS DOCUMENTED IN THE BOARD MINUTES OF THE PROCEEDINGS. ADDITIONALLY, ALL MEMBERS ARE REQUIRED TO SIGN AN A NUAL CONFLICT OF INTEREST FORM.

Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

DESCRIBE THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S EXECUTIVES, OFFICE
RS, AND EMPLOYEES. THE BOARD OF DIRECTORS EVALUATES THE CEO'S PERFORMANCE AND SALARY ANNUA
LLY. ADJUSTMENTS TO THE CEO'S COMPENSATION REQUIRE ADVANCE APPROVAL BY THE BOARD OF DIRECT
ORS. WHEN DETERMINING THE CEO'S COMPENSATION THE BOARD RELIES ON COMPARABLE DATA SUCH AS B
ENCHMARKS PROVIDED BY INDEPENDENT COMPENSATION CONSULTANTS AND COMPENSATION FOR SIMILAR JO

BS WITHIN COMPARABLE ORGANIZATIONS (TAX-EXEMPT AND TAXABLE ORGANIZATIONS).

990 Schedule O, Supplemental Information

Return

Reference	Explanation
,	DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMETNS AVAILABLE TO THE PUBLIC. THE ORGANIZATIONS FORM 990, FINANCIAL ST
,	ATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST BY EMAILING INFO @WEARETHORN.ORG

Evolunation