CLIFTONLARSONALLEN LLP 2210 EAST ROUTE 66 GLENDORA, CA 91740

> THINKING NATION CORP. 12055 SHADOW RIDGE WAY NORTHRIDGE, CA 91326

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CliftonLarsonAllen LLP CLAconnect.com

THINKING NATION CORP.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2022

		PU	BLIC DISCLOSURE COPY - STATE REGISTRAT	ION NO. 45552	-				
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047				
For	тy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ns) 2021				
			Do not enter social security numbers on this form as it may	ay be made public.	Open to Public				
Depa Interi	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat	test information.	Inspection				
AF	or th	e 2021 calend		JUN 30, 2022					
Ba	Check if pplicat	le: C Name o	forganization	D Employer identifi	cation number				
	Addr	ge THIN	KING NATION CORP.						
	Name Chan	ge Doing b	usiness as	85-06063	71				
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address)						
	returr termi	n	5 SHADOW RIDGE WAY	(818) 49					
_	ated ⊐Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	348,426.				
	returr Appli	NORI	HRIDGE, CA 91326	H(a) Is this a group re					
	tion pend	F Name a	nd address of principal officer: SPENSER MIX	for subordinates					
		12055	SHADOW RIDGE WAY, NORTHRIDGE, CA 913						
					list. See instructions				
			THINKINGNATION.ORG	H(c) Group exemptio					
	orm o art l	Summary		rear of formation: 2020	M State of legal domicile: CA				
ГС	1								
ě	1		e the organization's mission or most significant activities: <u>HELPING</u> G CITIZENS THROUGH HISTORY CURRICULUM						
anc									
Governance	2		x if the organization discontinued its operations or disposed of m		-				
Š	3				3				
ي م	1 .		mber of independent voting members of the governing body (Part VI, line 1b)						
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)		<u> 14</u> 0				
tivit	6		of volunteers (estimate if necessary)		0.				
Act			d business revenue from Part VIII, column (C), line 12		0.				
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11						
		Oantributiana	and suggests (Dart) (III line 14)	Prior Year 450,000.	Current Year 300,000.				
ne	8		and grants (Part VIII, line 1h)	7,060.	48,426.				
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.					
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	457,060.	348,426.				
	13		- add lines 8 through 11 (must equal Part VIII, column (A), line 12) nilar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.				
	14		to or for members (Part IX, column (A), line 4)	0.	0.				
	14		r compensation, employee benefits (Part IX, column (A), line 4)	240,200.	236,173.				
ses	160		undraising fees (Part IX, column (A), line 11e)	0.	0.				
en en	10a		ing expenses (Part IX, column (D), line 25) • 0 •						
Expenses	17			133,498.	120,765.				
	18		es (Part IX, column (A), lines 11a-11d, 11f-24e)	373,698.	356,938.				
	19	-	expenses. Subtract line 18 from line 12	83,362.	-8,512.				
78		Nevenue less		Beginning of Current Year	End of Year				
Net Assets or	20	Total assets (I	Part X line 16)	536,247.	527,735.				
ASSE	20			0.	0.				
let /	21		fund balances. Subtract line 21 from line 20	536,247.	527,735.				
P:	art II	Signature		550,247.	521,155.				
			I declare that I have examined this return, including accompanying schedules and sta	tements and to the hest of m	knowledge and belief it is				
			. Declaration of preparer (other than officer) is based on all information of which prep		in a monorgo ana bonon, it is				
	, 00110								

Sign Here	Signature of officer SPENSER MIX, CHIEF OPE	RATING OFFICER	Date						
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN					
Paid	TINA HENTON	TINA HENTON	01/06/23 self-employed PC	0541671					
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP	Firm's EIN 🕨 41–0)746749					
Use Only	Firm's address 2210 EAST ROUTE	66							
	GLENDORA, CA 91740 Phone no. (626) 857								
May the II	RS discuss this return with the preparer shown abc	ove? See instructions	Σ	X Yes 🗌 No					
				- 000 (

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	990 (2021) THINKING NATION CORP.	85-0606371 Page 2
Par	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE SCHOOLS WITH A RIGOROUS HISTORY CURRICU	TIM AND ACCECCMENT
	TOOLS TO HELP CULTIVATE THINKING CITIZENS.	LOM AND ASSESSMENT
2	Did the organization undertake any significant program services during the year which were not liste	ed on the
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others, the total expenses, and
4.5	revenue, if any, for each program service reported. (Code:) (Expenses \$ 281,680 • including grants of \$) (Revenue \$ 48,426.)
4a	(Code:) (Expenses \$281,680. including grants of \$ PROVIDING DOCUMENT-BASED CURRICULUM THAT ALLOWS ST	
	INTERDISCIPLINARY READING, WRITING, AND ANALYSIS S	
	SUCCESS IN ALL SUBJECTS. OUR CURRICULUM CAN BE ADM	
	IN PDF FORMAT ALLOWING FOR BOTH VIRTUAL AND CLASSR	
	TEACHERS ARE GIVEN CRITICAL TIME BACK WHEN UTILIZI	NG GRADING SERVICES
	PROVIDED BY OUR EXPERT GRADERS. DELIVERING OVER 10	0 HOURS OF
	PROFESSIONAL DEVELOPMENT AND COACHING AT OUR PARTN	ER SCHOOLS FOR ALL
	6,200 STUDENTS IN THINKING NATION CLASSROOMS.	
41		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
ти	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 281,680.	1
		Form 990 (2021)
132002	12-09-21	
	2	

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2021.05010 THINKING NATION CORP. A1240331

Form	990	(2021)

Form 990 (2021) THINKING NATION CORP.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			Δ
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		- 23
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_ <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х
		•	000	

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3 2021.05010 THINKING NATION CORP.

A1240331

Form	990	(2021)
FUIII	330	(2021)

-	1 990 (2021) THINKING NATION CORP. 85-0606 rt IV Checklist of Required Schedules (continued) 65-0606			age
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
3	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
3				
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
	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		
4		34 35a		
4 5a	Part V, line 1			
4 5a	Part V, line 1			
4 5a b	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
4 5a b	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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	35a		X
4 5a b 6	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35a 35b		X
4 5a b 6	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35a 35b		x
4 5a b 6	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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," 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 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	35a 35b 36		x
4 5a 5 7	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	35a 35b 36	x	x
4 5a 5 7	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	35a 35b 36 37	x	x
4 5a 5 7	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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	35a 35b 36 37	x	x
4 5a 6 7 8	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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 rt V Statements Regarding Other IRS Filings and Tax Compliance	35a 35b 36 37	X	x
4 5a 6 7 8 2 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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" 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," 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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 rt V Statements Regarding Other IRS Filings and Tax Compliance	35a 35b 36 37 38		x
4 5a 6 7 8 Da	Part V, line 1	35a 35b 36 37 38		x
b 66 77 88 Pai 1a b	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 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> 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 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 rt V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	35a 35b 36 37 38		x
24 5a 56 76 88 Pai 1a	Part V, line 1	35a 35b 36 37 38		x

990 (2021) THINKING NATION CORP.	85-0606	371	Р	age
V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No
	14			
			v	
		2b		
		0-		x
	-	42		x
	counts (FBAR)			
		5a		x
				X
		6a		x
		6b		
	vices provided to the pavor?	7a		x
		7b		
	•	7c		x
	7d			
	ontract?	7e		X
		7f		X
		7g		
		7h		
sponsoring organization have excess business holdings at any time during the year?		8		
Sponsoring organizations maintaining donor advised funds.				
Did the sponsoring organization make any taxable distributions under section 4966?		9a		
Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
Section 501(c)(7) organizations. Enter:				
Initiation fees and capital contributions included on Part VIII, line 12	10a			
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
Section 501(c)(12) organizations. Enter:				
Gross income from members or shareholders	11a			
Gross income from other sources. (Do not net amounts due or paid to other sources against				
amounts due or received from them.)	11b			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Section 501(c)(29) qualified nonprofit health insurance issuers.				
Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note: See the instructions for additional information the organization must report on Schedule O.				
Enter the amount of reserves the organization is required to maintain by the states in which the				
	13b			
Enter the amount of reserves on hand	13c			
Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
excess parachute payment(s) during the year?		15		X
If "Yes," see the instructions and file Form 4720, Schedule N.				
Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
If "Yes," complete Form 4720, Schedule O.				
		1		
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	Evaluation of the second s	Image: Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 14 If the the calendar year ending with or within the year overed by this return 12 If a teat one is proported on in 20, did the organization fie all required tederal employment tax returns? 14 Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>exlip</i> . See instructions. 0 If the sum of lines 1 and 2a is greater than 250, you may be required to <i>exlip</i> . See instructions of filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly over, a financial accountly such as a bark account, securities account, or other financial accountly. If "Yes," enter the name of the foreign country. See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization nate was or is a park to a prohibited tax shelter transaction? If Yes, 'is to line 5a or 5b, did the organization tail was or is a park to a prohibited tax shelter transaction? If Yes, 'id o the organization tail was or is a park to a prohibited tax shelter transaction? If Yes, 'id o the organization tail was or is a park to a prohibited tax shelter transaction? If Yes, 'id o the organization natif was or is a park to a prohibited tax shelter transaction? If Yes, 'id o the organization natif was or is park to that organization tails organization tails organization tails organis that may receive deductible contributions organizati	Iteration Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Image: Continued Content Continued Cont	V Statements Regarding Other IRS Filings and Tax Compliance (continued) Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, failed for the calendary year ending with or within the year covered by this return 2a 14 If a least one is reported on Ine 2a, did the organization file all required learlies an polyment tax returns? 2a X Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-Ag. See instructions. 3a 3a If "Yes," that it filed a Form 390 T for this yea? // * to file 3b, provide an explanation on Schedule 0 3b 3a If "Yes," that it file calarding way, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a If "Yes," to line 5b or 5b, did the organization that wan interest transaction? 5a 5b Des the organization nate way tax or is a party to a prohibited tax shafter transaction? 5b 5a If "Yes," to line 5b or 5b, did the organization at any consist party has prohibited tax shafter transaction? 5b 5a Des the organization nateway reserve deductible contributions? 7a 7b 7b If "Yes," to line 5b or 5b, did the organization nateway reserve deductible contributions? 7a 7b

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Form 9	990 (2	021)
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Section A. Governing Body and Management

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

X

 Form 990 (2021)
 THINKING NATION CORP.
 85-0606371
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	r			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervi	sion			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the followin	g:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b		X
Э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)				
					Yes	No
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliate	s,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
la	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing t	ne form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	'es," describe				
	on Schedule O how this was done			12c	Х	
3	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14		X
5	Did the process for determining compensation of the following persons include a review and approval	l by independe	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	Х	└──
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participat	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright{CA}					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (sectio	on 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule (,			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interes	t policy, and	financ	cial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records	₃ ▶			
	SPENSER MIX - (818) 497-4579					
	12055 SHADOW RIDGE WAY, NORTHRIDGE WAY, CA 91326					(2021)

Form 990 (2021)	THINKING NATION CORP.	85-0606371 Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emplo	rees
1a Complete this table	for all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's tax year.
 List all of the orga 	anization's current officers, directors, trustees (whether individuals or orga	izations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	box	box, unles		o not check more than on k, unless person is both a icer and a director/truste		n an	compensation	compensation	amount of
	week		cer ar I		Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1039-1120)		organizations
	line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SPENSER MIX	40.00				Ť	1 0	ш.			
CHIEF OPERATING OFFICER				x				103,207.	Ο.	11,819.
(2) ZACHARY COTE	40.00									
EXECUTIVE DIRECTOR				x				95,379.	Ο.	11,819.
(3) DINAH RUCH	4.00									
BOARD PRESIDENT		Х						0.	Ο.	0.
(4) ARI ENGLEBERG	4.00									
SECRETARY/TREASURER		Х						0.	Ο.	0.
(5) ROBERT LEE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MELISSA KAPLAN	4.00									
BOARD MEMBER (TERM END JAN. 2022)		Х						0.	0.	0.
			-		-	-				<u> </u>
132007 12-09-21								1		Form 990 (2021)

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	990 (2021) THINKING	NATION	CC	RP	•					85-06	5063	371	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle:	ss per	itior more rson i	than of s both	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	I	an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-271099-MIS 1099-NEC)	SC/	org and	om the anizat d relate anizatio	ion ed
	Subtotal								198,586.		0.	2	3,6	38.
с	Total from continuation sheets to Part VII	, Section A							<u> </u>		0.		3,6:	0.
2	Total (add lines 1b and 1c)							o re		000 of reportable		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,	,				,	0		,		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		x
5	Did any person listed on line 1a receive or a	ccrue compen	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		x
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	piele Schedule	3 1 10	<u>or st</u>		Jers	011 .					5		
1	Complete this table for your five highest cor the organization. Report compensation for t									<i>,</i> ,	pensat	ion fro	om	
	(A) Name and business			ONE					(B) Description of s		С	(C ompei	;) nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (ted	above) who received mo	ore than				
	wroo,ood or compensation from the organiz						-			1		Form	990 (2	2021)

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Par	τν	/111	Check if Schedule O c			200	r noto to any ling	in this Part VIII			
				JUIILAI		1156 0	I HOLE LO ANY IINE	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
<i>6</i> 0	-1	-	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts											
<u>i</u> g											
fts,			Fundraising events								
ilar İlar			Related organizations								
Sim,			Government grants (contri								
er			All other contributions, gifts,				200 000				
ē£			similar amounts not included				300,000.				
ont od (-	Noncash contributions included in I					200 000			
<u>a</u> C		h	Total. Add lines 1a-1f					300,000.			
					-		Business Code	40 400	40.400		
e.			DBQ ESSAY REV	ENU	E		561499	48,426.	48,426.		
er vi		b									
en S		С									
ran Sev		d									
Program Service Revenue		е									
ā		f	All other program service	reven	ue						
			Total. Add lines 2a-2f					48,426.			
	3		Investment income (includ	•	,		·				
			other similar amounts) \dots				🕨				
	4		Income from investment o		•		· · ·				
	5		Royalties			<u></u>					
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)) <u></u>			►				
	7	а	Gross amount from sales of		(i) Securiti	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
/en				7c							
Revenue			Net gain or (loss)				►				
P			Gross income from fundraisir								
Oth			including \$								
			contributions reported on								
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from				►				
	9		Gross income from gamin								
			Part IV, line 19	-		9a					
						9b					
			Net income or (loss) from				►				
			Gross sales of inventory, le				►				
			and allowances			10a					
			Less: cost of goods sold								
			Net income or (loss) from s								
-+		U		3a183		y	Business Code				
sn	11	2									
scellaneo Revenue		a b				-					
laı 'en						—					
<u> </u>		C L	All other revenue			—					
scel Bev									1	1	1
Miscellaneous Revenue											
Miscel Rev		е	Total. Add lines 11a-11d Total revenue. See instructio			<u></u>		348,426.	48,426.	0.	0.

THINKING NATION CORP.

Form 990 (2021)

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Form 990 (2021)
Part IX	Sta

THINKING NATION CORP. t IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
-+ 5	Compensation of current officers, directors,				
5		202,490.	202,490.		
6	trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	202, 1901	202,490.		
7	Other salaries and wages	18,092.	18,092.		
8	Pension plan accruals and contributions (include	.,	.,		
9	section 401(k) and 403(b) employer contributions) Other employee benefits				
9 10	Payroll taxes	15,591.	15,591.		
11	Fees for services (nonemployees):				
	Management				
	Legal	625.		625.	
	Accounting	8,032.		8,032.	
	Lobbying	•,••=•			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
5	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,657.		1,657.	
13	Office expenses	3,264.		3,264.	
14	Information technology	45,507.	45,507.		
15	Royalties				
16	Occupancy				
17	Travel	3,643.		3,643.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,773.		40,773.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,994.		15,994.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	RFP FEES AND SUBSCRIPTI	1,065.		1,065.	
b					
с					
d					
е	All other expenses	205.		205.	
25	Total functional expenses. Add lines 1 through 24e	356,938.	281,680.	75,258.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

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		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		159,327.	1	67,185.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ied persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
<	9	Prepaid expenses and deferred charges		2,970.	9	2,640.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	• • • • • • • • • • • • • • • • • • • •			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets	373,950.	14	457,910.	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		536,247.	16	527,735.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19 00	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21 22	Escrow or custodial account liability. Complete F Loans and other payables to any current or form			21	
Liabilities	22	trustee, key employee, creator or founder, substa				
bilid		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelation			23	
	23 24	Unsecured notes and loans payable to unrelated			23	
	25	Other liabilities (including federal income tax, pay			27	
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26			0.	26	0.
		Organizations that follow FASB ASC 958, chee				
ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		536,247.	27	527,735.
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 95	58, check here 🕨 📃			
л Ц		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
t As	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Net	32	Total net assets or fund balances		536,247.	32	527,735.
	33	Total liabilities and net assets/fund balances		536,247.	33	527,735.
						Form 990 (2021)

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Form 990 (2021)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 25) 2 2 Total expenses (must equal Part X, column (A), line 25) 2 3 8, 512. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 0 6 7 Investment expenses 7 8 -0 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4 527, 735. Part XII Financial Statements and Reporting	Form	1990 (2021) THINKING NATION CORP.	85-060	6371	Page 1	12
1 Total revenue (must equal Part VII, column (A), line 12) 1 348,426. 2 Total expenses (must equal Part IX, column (A), line 25) 2 356,938. 3 Revenue less expenses. Subtract line 2 from line 1 3 -8,512. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 536,247. 5 Donated services and use of facilities 6 - - 7 Investment expenses 6 - - 8 0 9 0. - - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. - 10 Net assets or fund balances (explain on Schedule O) 9 0. - - 10 Net assets or fund balances (explain on Schedule O) 9 0. - - 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) - 10 527, 735. Part XII Financial Statements and Reporting - - - - - - - - 2a X Yes No<	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 356, 938. 3 Revenue less expenses. Subtract line 2 from line 1 3 -8, 512. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 536, 247. 5 Net unrealized gains (losses) on investments 6 - - 6 Donated services and use of facilities 6 - - 7 Investment expenses 7 -		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 356 , 938. 3 Revenue less expenses. Subtract line 2 from line 1 3 8 , 512. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 536 , 247. 5 Net unrealized gains (losses) on investments 6 6 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 527 , 735. Part XII Financial Statements and Reporting 10 527 , 735. Check if Schedule O contains a response or note to any line in this Part XII 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Yes No 1 Accounting method used to pr						
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4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 536, 247. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 7 7 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 527, 735. Part XII Financial Statements and Reporting 10 527, 735. Part XII Financial statements compiled or reviewed by an independent accountant? Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were aduited on a separate basis, consolidated basis, or both: 2b X If "Yes," the che a panization's financial statements and selection of an independent accountant? 2b	2	Total expenses (must equal Part IX, column (A), line 25)	2			
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a	<u> </u>	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047				
	2021				
Open to Public Inspection					

N

Name	e of t	the organization							identification number	
			KING NATIO						5-0606371	
Par	tI	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The o	rgan	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3 [A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4 [A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:								
5 [An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6 [A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 [A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:								
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from	
		activities related to its exem								
		income and unrelated busir							-	
		See section 509(a)(2). (Cor						-	·	
11 [An organization organized a		ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	-	•	-			-		
		lines 12a through 12d that								
а		Type I. A supporting orga							aivina	
		the supported organization	-	-	• • • •	-		•••••		
		organization. You must c			, ,				11 5	
b		Type II. A supporting org	-		ion with it:	s supporte	ed organizatio	n(s), by hav	vina	
		control or management o	-				-		•	
		organization(s). You mus						5 11		
с		Type III functionally inte	•		in connect	tion with. a	and functiona	llv integrate	d with.	
		its supported organization						, ,		
d		Type III non-functionally		-				rted organiz	zation(s)	
		that is not functionally int						-		
		requirement (see instructi		• •	•		-			
е		Check this box if the orga	,	•				II. Type III		
-							.)pe., .)pe	., . , po		
f	functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations									
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Total										
LHA F	or F	Paperwork Reduction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021	

Schedule A	(Form	990	202

Part II

THINKING NATION CORP.

85-0606371	Page 2
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	-		-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support		1		-	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)			
	organization, check this box and stop								
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
	Public support percentage for 2021 (I		•			14	%		
	Public support percentage from 2020					15	%		
16 a	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	is box		
	and stop here. The organization qual								
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	- 2020. If the or	ganization did not o	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circu						▶∐		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a				
						Schedule A	(Form 990) 2021		

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A	Form 990) 202

THINKING NATION CORP.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")		ļ		660,000.	300,000.	960,000.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				7,060.	48,426.	55,486.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
-	ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5				667,060.	348,426.	1015486.	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons				710,000.	300,000.	1010000.	
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						0.	
с	Add lines 7a and 7b				710,000.	300,000.	1010000.	
	Public support. (Subtract line 7c from line 6.)						5,486.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6				667,060.	348,426.	1015486.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)				667,060.	348,426.	1015486.	
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatic	n,	
	check this box and stop here	<u></u>	<u></u>			-		
Sec	tion C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2021 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	%	
16 Public support percentage from 2020 Schedule A, Part III, line 15 16 %								
Section D. Computation of Investment Income Percentage								
17	17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17							
18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 %								
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ins	tructions		
13202	132023 01-04-22 Schedule A (Form 990) 2021							

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THINKING NATION CORP.

1

2

3a

3b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	THINKING	NATION	CORP.
Part IV	Supporting Organi	zations (continu	ed)	

1

2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

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	

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

	Section D	All Typ	e III Sup	porting	Organizations
--	-----------	---------	-----------	---------	---------------

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a gov	vernmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	---------------------	-------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a ______ 2b _____ 3a _____ 3b _____

Yes No

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Schedule A (Form 990) 2021

	dule A (Form 990) 2021 THINKING NATION CORP.		·	85-0606371 Page 6				
Pa								
1								
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.					
Sect	ion 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	nally integrate	ed Type III supporting or	ganization (see				

Schedule A (Form 990) 2021

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c Excess from 2019 d Excess from 2020 e Excess from 2021

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

Schedule A (Form 990) 2021

Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	3	3						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
		(i)	(ii)		(iii)				
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
a	From 2016								
b	From 2017								
C	From 2018								
d	From 2019								
e	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2021 distributable amount								
C	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2017								
b	Excess from 2018								

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Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	THINKING				85-0606371	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide	the explanatio 5a, 6, 9a, 9b, 9	ns required by Part II, I)c, 11a, 11b, and 11c; I	Part IV, Section B, lines 1	17b; Part III, line 12; and 2; Part IV, Section	ıC,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and 3; Part	IV, Section E, I	ines 1c, 2a, 2b, 3a, and	3b; Part V, line 1; Part V,	Section B, line 1e; Pa	rt V,
132028 01-04-2	2					Schedule A (Form 9	90) 2021
	-			20			

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
BILL AND DINAH RUCH					
FAMILY FOUNDATION	0.	0.	0.	710,000.	0.
SCHWAB CHARITABLE					
FUND	0.	0.	0.	0.	300,000.
Fotol to Cohodula A					
otal to Schedule A, Part III, Line 7a				710,000.	300,000

123172 04-01-21

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

85-0606371

0			
	THINKING	NATION	CORP.

5						
Filers of:	Section:					
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots b \$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

85-0606371

THINKING NATION CORP.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule	В	(Form	990)	(2021)
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Name of organization

Page 3
Employer identification number

85-0606371

THINKING NATION CORP.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2021.05010 THINKING NATION CORP.

Name of or	rganization		Employer identification number			
ראיז	ING NATION CORP.		85-0606371			
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a 	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
123454 11-11	I-21	25	Schedule B (Form 990) (202			

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2021.05010 THINKING NATION CORP. A1240331

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. 2021 Open to Public Inspection

OMB No. 1545-0047

THINKING NATION CORP.

Employer identification number 85-0606371

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

THERE ARE NO COMMITTEES THAT CAN ACT BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING

FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE

RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR

REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN

SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO SUBMITTING TO THE IRS.

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

MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL

CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE

INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY

FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL

FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS

IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE

INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION IS DETERMINED BY THE BOARD. REASONABLENESS IS CONSIDERED BY A COMPARISON TO HISTORICAL OFFICER COMPENSATION, THE ANNUAL BUDGET, ETC. THE BOARD REVIEWS AND APPROVES SUCH COMPENSATION, INCLUDING BENEFITS, OF A DIRECTOR TO ASSURE THAT IT IS JUST AND REASONABLE. THIS REVIEW AND APPROVAL OCCURS INITIALLY UPON THE ELECTION OF THE DIRECTOR, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21

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THINKING NATION CORP.

WHENEVER THE TERM OF SERVICE, IF ANY, OF THE DIRECTOR IS RENEWED OR

EXTENDED, AND WHENEVER THE DIRECTOR'S COMPENSATION IS MODIFIED.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE READILY AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2021

132212 11-11-21

TAXABLE	E YEAR	California Exemp	-	ation							128941 12 FORM	2-29-21
202	21	Annual Informati	on Return								199	
Calendar Yea	ar 2021 or fis	cal year beginning (mm/dd/yyyy)	07/01/2	2021	, ar	nd ending (mm	/dd/yyyy	')	06	/30/20)22	
Corporation/Org							Califo	ornia corpo	oration I	number		
									~ ^ A			
Additional infor		TION CORP.					FEIN	<u>1555</u>	284			
Additional Infor	mation. See ins	aructions.						35-0	606	371		
Street address	(suite or room)							PMB no.	000	571		
12055	SHADO	W RIDGE WAY										
City						Stat		ZIP code				
NORTHR						C		9132				
Foreign country	y name		Foreign province/state	e/county				Foreign p	ostal co	ode		
A First retu	urn		Yes X No	I Did the	organi	ization have an	v change	es to its	auidel	ines		
B Amende		•	Yes X No			o the FTB? See					Yes X] No
C IRC Sect	tion 4947(a)	(1) trust	Yes X No	J If exem	npt und	er R&TC Section	on 2370 ⁻	1d, has t	he org	ganization		
D Final info	ormation retu	ırn?		engage	d in po	litical activities	? See in	structio	ns	•	Yes 🛛	_
•	Dissolved	Surrendered (Withdrawn)	/lerged/Reorganized		-	ation exempt u				-	Yes X	No
	e: (mm/dd/yyyy)					the gross recei	-				Yes X	
		ethod: (1) Cash (2) X Accrua (1) ● 990T (2) ● 990PF (3)				ation a limited ization file Forn				•	Yes [NO
	Other 990 s		• SCH H (990)		-	income?				•	Yes X] No
		P See instructions	Yes X No									
		nization in a group exemption Yes 🗵 No IRS audited in a prior year?							Yes X	No 🗌		
If "Yes,"	what is the p	arent's name?				m 1023/1024 p				[Yes X	No No
				Date fil	ed with	1 IRS						
Part I	Complete Pa	urt I unless not required to file this fo	rm. See General Info	ormation B	and C							
		s sales or receipts from other sources						•	1		48,42	6 00
		s dues and assessments from membe						•	2			00
	3 Gros	s contributions, gifts, grants, and sim	ilar amounts received	1 t		SI	CMT	1•	3	(··)	300,00	0 00
Receipts		gross receipts for filing requirement		•								
and		line must be completed. If the result				mation B			4		348,42	6 00
Revenues		of goods sold			5			00				
		or other basis, and sales expenses of costs. Add line 5 and line 6	assets solu						7			00
		gross income. Subtract line 7 from li							8	3	348,42	
_		expenses and disbursements. From S							9		356,93	
Expenses	10 Exce	ss of receipts over expenses and disb	ursements. Subtract	line 9 from	line 8			•	10		-8,51	2 00
		payments						•	11			00
									12			00
Filing Fee		nents balance. If line 11 is more than t tax balance. If line 12 is more than line							13			00
Filing Fee		Ities and interest. See General Inform							14 15			00
												00
Q:an	Under penal it is true, cor	nce due. Add line 12 and line 15. The ties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (c	this return, including account of the than taxpayer) is base	ompanying sc sed on all infor	hedules mation o	and statements, a of which preparer	ind to the has any ki	best of m nowledge	y knowl	edge and belief,		
Sign Here				Title			Date			• Telephone		
	Signature of officer	•			r OF	PERATIN				(818) • PTIN	497-4	579
	Preparer's					106122	Check if			-	671	
Daid		TINA HENTON			UT/	/06/23	seit-emp	oloyed	·	• Firm's FEIN		
Paid Preparer's	Firm's name (or yours,	CLIFTONLARSONALL	EN LLP							41-074		
Use Only	if self- employed)	2210 EAST ROUTE								Telephone		
	and address	GLENDORA, CA 917								(626)	857-7	300
	May the F1	B discuss this return with the prepare	er shown above? See	instruction	s			. • X	Yes	No		

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128941 12-29-21

THINKING NATION CORP.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

00

amount of gross receipts - complete Part II or furnish substitute information.			
1 Gross sales or receipts from all business activities. See instructions	•	1	

Sobodu		Delense Chest Designing of tayable year	End	oftovo	blavoar	
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	356,938	00
	17	Other expenses and disbursements SEE STATEMENT 4	•	17	120,765	00
ments	16	Depreciation and depletion (See instructions)	•	16		00
Disburse-	15	Rents	•	15		00
and	14	Taxes	•	14	15,591	00
Expenses	13		-	13		00
	12	Other salaries and wages	•	12	18,092	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	. •	11	202,490	
	10	Disbursements to or for members	•	10		00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line	e 1	8	48,426	00
Sources	7	Other income SEE STATEMENT 2	•	7	48,426	
Other	6	Gross amount received from sale of assets (See instructions)	•	6		00
from	5	Gross royalties	•	5		00
Receipts	4	Gross rents	•	4		00
	3	Dividends	•	3		00
	2	Interest	٠	2		00
				<u> </u>		100

Schedule L Balance Sheet	Beginning of ta	axable year	End	of taxable year
Assets	(a)	(b)	(C)	(d)
1 Cash		159,327		• 67,185
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets				
b Less accumulated depreciation ()		()
11 Land				•
12 Other assets STMT 5		376,920		• 460,550
13 Total assets		536,247		527,735
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		536,247		• 527,735
22 Total liabilities and net worth		536,247		527,735

Schedule M-1 Reconciliation of income per books with income per return

 Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

 1 Net income ner books

- 1	Net income per books	• -0,JIZ	1	income recorded on books this year		
2	Federal income tax	•		not included in this return. Attach schedule	•	
3	Excess of capital losses over capital gains	•	8	Deductions in this return not charged		
4	Income not recorded on books this year.			against book income this year.		
	Attach schedule	•		Attach schedule	•	
5	Expenses recorded on books this year not		9	Total. Add line 7 and line 8		
	deducted in this return. Attach schedule	•	10	Net income per return.		
6	Total. Add line 1 through line 5	-8,512		Subtract line 9 from line 6		-8,512
6		-8,512				-8,512

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THINKING NATION CORP.

85-0606371

CA 199	SI	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
SCHWAB CHARITABLE FUND	211 MAIN STREET SAN FRANCISCO , CA 94105		300,000.	
TOTAL INCLUDED ON LINE 3			300,000.	

CA 199	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
DBQ ESSAY REVENUE		48,426.
TOTAL TO FORM 199, PART II,	LINE 7	48,426.

CA 199	COMPENSATION (OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADI	DRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SPENSER MIX 12055 SHADOW NORTHRIDGE,			CHIEF OPERATING OFFICER 40.00	101,385.
ZACHARY COTH 12055 SHADOW NORTHRIDGE,	V RIDGE WAY		EXECUTIVE DIRECTOR 40.00	101,105.
DINAH RUCH 12055 SHADOW NORTHRIDGE,	_		BOARD PRESIDENT 4.00	0.
ARI ENGLEBEN 12055 SHADOV NORTHRIDGE,	V RIDGE WAY		SECRETARY/TREASURER 4.00	0.
ROBERT LEE 12055 SHADOW NORTHRIDGE,			BOARD MEMBER 4.00	0.
MELISSA KAPI 12055 SHADOV NORTHRIDGE,	V RIDGE WAY		BOARD MEMBER (TERM END JAN 4.00	и O.

TOTAL TO FORM 199, PART II, LINE 11

202,490.

CA 199	OTHER EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT

DESCRIPTION	AMOUNT
RFP FEES AND SUBSCRIPTI	1,065.
LEGAL FEES	625.
ACCOUNTING FEES	8,032.
ADVERTISING AND PROMOTION	1,657.
OFFICE EXPENSES	3,264.
INFORMATION TECHNOLOGY	45,507.
TRAVEL	3,643.
CONFERENCES AND CONVENTIONS	40,773.
INSURANCE	15,994.
ALL OTHER EXPENSES	205.
TOTAL TO FORM 199, PART II, LINE 17	120,765.

CA 199 OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS	2,970. 373,950.	2,640. 457,910.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	376,920.	460,550.

TAXABLE Y 2021		a e-file Return Aut Organizations	norization	for	FORM 8453-EO
Exempt Organiza	tion name				Identifying number
THINKI	NG NATION CORI	.			85-0606371
Part I El	ectronic Return Informati	ion (whole dollars only)			
1 Total g	oss receipts (Form 199, lir	ne 4)			1 348,426
•	oss income (Form 199, line	,			
3 Total e	penses and disbursement	s (Form 199, line 9)			3 356,938
Part II Se	ttle Your Account Electro	onically for Taxable Year 2021			
	ectronic funds withdrawal	4a Amount		Withdrawal date (mm/do	l/уууу)
		you verified the exempt organization	n's banking inform	nation?)	
5 Routing			7 Turne e		
6 Account	eclaration of Officer			f account: Checki	ng Savings
		nt to be settled as designated in Part II.	If I check Part II. box	4. I authorize an electronic	funds withdrawal for the amount listed
on line 4a.			····,,	·, · · · · · · · · · · · · · · · · · ·	
transmitter, o California elec a balance due organization v statements be	intermediate service provider tronic return. To the best of m return, I understand that if the ill remain liable for the fee lial transmitted to the FTB by the	n an officer of the above exempt organi and the amounts in Part I above agree by knowledge and belief, the exempt org Franchise Tax Board (FTB) does not re bility and all applicable interest and pena ERO, transmitter, or intermediate servic the ERO or intermediate service provident	with the amounts on anization's return is t ceive full and timely lties. I authorize the ce provider. If the pr	the corresponding lines of t rue, correct, and complete. payment of the exempt orga exempt organization return pocessing of the exempt org	the exempt organization's 2021 If the exempt organization is filing nization's fee liability, the exempt and accompanying schedules and
Sign Here	Signature of officer	Date	Title	OPERATING OF	FICER
		eturn Originator (ERO) and Paid F			
am only an im accurately ref provided the of 1345, 2021 H the exempt or I declare that	ermediate service provider, I (ects the data on the return.) I rganization officer with a copy indbook for Authorized e-file F ganization return is filed, whic have examined the above exe	mpt organization's return and that the er understand that I am not responsible for have obtained the organization officer's y of all forms and information that I will Providers. I will keep form FTB 8453-EO hever is later, and I will make a copy ava empt organization's return and accompa aration based on all information of whic	reviewing the exemp signature on form F file with the FTB, and on file for four year ailable to the FTB upon nying schedules and	ot organization's return. I de TB 8453-EO before transmit I I have followed all other re s from the due date of the ro on request. If I am also the p	clare, however, that form FTB 8453-E0 ing this return to the FTB; I have quirements described in FTB Pub. eturn or four years from the date aid preparer, under penalties of perjury,
ERO sign	ato anna an a	ARSONALLEN LLP	Date	Check if Check if if se if se preparer emp	
	s name (or yours CLI	FTONLARSONALLEN LI	P		Firm's FEIN $41 - 0746749$
		0 EAST ROUTE 66 NDORA, CA			ZIP code 91740
Under penalti	s of perjury, I declare that I ha	ave examined the above organization's r	eturn and accompan	ying schedules and stateme	
,	, , , , , , , , , , , , , , , , , , , ,	ete. I make this declaration based on all		5	
Paid Preparer	Paid preparer's		Date	if self-	Paid preparer's PTIN P00541671
Must	Firm's name (or yours	LIFTONLARSONALLEN		employed	Firm's FEIN 41-0746749
Sign	if self-employed)	210 EAST ROUTE 66			
S.9.		LENDORA, CA			ZIP code 91740
					······································
					FTB 8453-EO 2021

129021 12-29-21

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470	s	IUAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California	CALIFO Governme	RNIA ent Code	DEPARTMENT (For Registry Use Only)		STICE
STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	Failure to su organizatio minimum tax	1 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months a n's accounting period may result in the loss of tax e of \$800, plus interest, and/or fines or filing penaltie 23703; Government Code section 12586.1. IRS exte	and fifteen days xemption and th s. Revenue & Ta	after the end of the he assessment of a axation Code section			
THINKING NATION	CORP.			ange of address nended report			
List all DBAs and names the organization <u>12055</u> <u>SHADOW</u> <u>RI</u> Address (Number and Street)			State Ch	arity Registration Nu	nber ст<u>0279895</u>		
NORTHRIDGE, CA City or Town, State, and ZIP Code (818) 497-4579 Telephone Number	91326 SPENS ION.N E-mail Addres			tion or Organization N Employer ID No. <u>85</u>			
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Departr			311, and 312)		
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,		<u>Total Revenue</u> Between \$250,001 and \$1 million Between \$1,000,001 and \$5 millior Between \$5,000,001 and \$20 millior			001 and \$100 million 0,001 and \$500 million 0 million		
	ses \$	426 Noncash Contributions \$ 281,680 GANIZATION DURING THE PERIOD OF	Total Exp	enses \$	ets \$ 52 356,938	7,73	35
		you answer "yes" to any of the ques Is for each "yes" response. Please re				Yes	No
		any contracts, loans, leases or other fi of, either directly or with an entity in w					x
2. During this reporting period or funds?	od, was there a	any theft, embezzlement, diversion or r	nisuse of th	ne organization's char	itable property		x
3. During this reporting period	od, were any o	rganization funds used to pay any pen	alty, fine or	judgment?			х
4. During this reporting period commercial coventurer us		ervices of a commercial fundraiser, fun	draising co	unsel for charitable p	urposes, or		х
5. During this reporting period	od, did the org	anization receive any governmental fu	nding?				x
6. During this reporting period	od, did the org	anization hold a raffle for charitable pu	irposes?				x
7. Does the organization co	nduct a vehicle	e donation program?					x
		ndent audit and prepare audited finances for this reporting period?	cial stateme	ents in accordance wi	th		x
9. At the end of this reportin	g period, did t	he organization hold restricted net ass	ets, while r	eporting negative unr	estricted net assets?		x
		ve examined this report, including ac complete, and I am authorized to signal		ng documents, and	to the best of my know	wledge	•
			-	CHIEF OPERA	TTNC		