Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For the	he 2015 calendar year, or tax year beginning , and ending								
В	Check if	applicable: C Name of organization		D Employe	r identification numl	ber				
	Address	Address change THORNE ECOLOGICAL INSTITUTE								
	Name ch	Doing business as	1 04-0023230							
		Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephon	e number					
	Initial ret Final ret			303-	<u>499-3647</u>					
	terminate	ed								
	Amende	d return F Name and address of principal officer:		G Gross rec	eipts\$ 92	20,086				
$\overline{\Box}$	Annlicati		H(a) Is this a grou	in return for si	ubordinates? Ye	s X No				
	пррпоци	Refer Designation			<u> </u>					
			H(b) Are all subo	ordinates incli	uded? Ye	s No				
		Boulder CO 80308	If "No,"	attach a list.	(see instructions)					
<u></u>	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527								
J	Website		H(c) Group exen	nption numbe	er 🕨					
OCCUPATION.	COLOR DE LA COLOR	organization: X Corporation Trust Association Other ▶ L Year	of formation: 1	954	M State of legal don	nicile: CC				
P	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities:				****				
ø	i	Thorne's mission is to build Earth stewardship by connec	ting you	th to						
& Governance		nature through joyful, hands-on, place-based environment	al educa	tion						
Ĩ		experiences.	····							
Š	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations or disposed of more than 25% of the continued its operations of the continued its operations of the continued its operations of the continued its operations.	of its wat ass							
Ğ			of its net ass	1 1	1 -					
		Number of voting members of the governing body (Part VI, line 1a)		3	15					
ţį	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14					
Activities	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	42					
Ac	6	Total number of volunteers (estimate if necessary)		1 - 1	124					
		Total unrelated business revenue from Part VIII, column (C), line 12		7a		0				
	b	Net unrelated business taxable income from Form 990-T, line 34		7b		0				
е			Prior Year		Current Ye	ar				
	8	Contributions and grants (Part VIII, line 1h)	498	,061	332	2,282				
) Ju	9	Program service revenue (Part VIII, line 2g)	425	,136	503	3,704				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		774		7,407				
X	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32	,325		1,659				
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,296		3,052				
		Cronto and similar amounts a sid (Dest IV)	930	,290	300	0,002				
		Repetits paid to or for members (Port IV, selumn (A), line 4)								
		***************************************	407	F00		- 005				
Expenses	10	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,487	487	,500	525	5,83 <u>5</u>				
ë	16a	Professional fundralsing fees (Part IX, column (A), line 11e)				0				
Ϋ́	b b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,487								
ш	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	220	,639	261	.,836				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	708	,139	787	7,671				
	19	Revenue less expenses. Subtract line 18 from line 12	248	,157		,381				
Net Assets or Fund Balances			ginning of Curre		End of Yea					
alan	20	Total assets (Part X, line 16)	865	,738	980	771				
d B	21	Total liabilities (Part X, line 26)		, 632		737				
ᇍ	22 I	Net assets or fund balances. Subtract line 21 from line 20		,106		,034				
P	art II	Signature Block								
Un	ider pei	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the hos	t of my kno	vulodae and balief	itio				
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a	and to the bes anv knowledge		wiedge and belief	, 11.15				
			,							
Sig	n	Signature of officer	-							
Her				Date •						
nei	е	Keith Desrosiers Executi	<u>ve Dir</u>	ector						
		Type or print name and title								
-		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN					
Paid		Diane K. Granger	05/03/	16 self-emp	loyed P013889	919				
	oarer	Firm's name > Taylor Roth and Company	Firr	n's EIN						
Jse	Only	800 Grant St Ste 205								
		Firm's address Denver, CO 80203-2944	Dh	one no.	303-830-	-8100				
Лау	the IR	S discuss this return with the preparer shown above? (see instructions)	I Price	AICTIO.						
		york Reduction Act Notice, see the senarate instructions			Yes	No				

			GICAL INSTITUTE	84-6029250	Page 2
P	art III Stat	ement of Progra	m Service Accomplishments		
	Che	ck if Schedule O c	contains a response or note to a	ny line in this Part III	X
1	Briefly describe	the organization's mis	ssion:		
•	l'horne's	mission is	to build Earth stew	ardship by connectin	g youth to
1	nature th	rough joyfi	ıl, hands-on, place-	based environmental	education
•	experienc	es.			
2	Did the organiza	ation undertake any si	gnificant program services during the ye	ar which were not listed on the	
	prior Form 990	===			Yes X No
	If "Yes," describ	e these new services	on Schedule O.		
3			g, or make significant changes in how it	conducts, any program	
	services?	·	, g ,	program	Yes X No
	If "Yes," describ	e these changes on S	Schedule O	••••••	les A No
4				three largest program services, as measu	and have
	expenses Secti	on 501(c)(3) and 501((c)(A) organizations are required to ropo	t the amount of grants and allocations to	tea by
	the total expens	es and revenue if an	y, for each program service reported.	t the amount of grants and allocations to	otners,
	the total expens	es, and revenue, if an	y, for each program service reported.		
4-	(Code:	\	660 206		
4a	(Code:) (Expenses \$	660,296 including grants	of \$) (Reveni	ie \$ 503,704)
	norne ac	complishes	its mission through	three unique program	m e ·
2	summer Ca	mp - Establ	lished in 1957, Thor	ne Summer Camp in Bo	ulder and
1	ittleton	reaches 2.	.300 vouth each summ	er through field-has	ad "Camp
E	Experienc	es" for kid	is ages 3-15 Tearni	ng takes place throu	sh handa an
_	cience-b	acod owner	siontini natimitica	ng cares place throu	gn nands-on,
7	crence-p	ased, exper	ciential activities.	Popular camps like,	Mud Mucking, At
r	iome in t	ne woods, a	and Bird Banding uti	lize local prairie g	rasslands.
€	verareen	iorests, a	and wetland habitats	as a classroom and	anahla wawth ta
C	connect w	ith and lea	arn about nature. To	ensure that no chil	barret morro Di b
ā	wav from	participat	ing due to financia	l need, Thorne award	= \$100 000 in
2	scnolarsn	ips annuali	T		
F	rield Tri	n Program -	Created in 1999 th	rough a Partnership	
_		P. I TOGTAM	Created III 1999 til	rough a Parthership	with the City of
41-	(O I -	\			
40	(Code:) (Expenses \$	including grants	of \$ (Revenue)	ıe \$)

	*		••••••••••••	•••••	•••••
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				·	
4c	(Code:) (Expenses \$	including grants o	of\$) (Revenu	e \$)
					• • • • • • • • • • • • • • • • • • • •
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		• • • • • • • • • • • • • • • • • • • •			***************************************
				•••••	
4d	Other program s	ervices (Describe in S	chedule O.)	3.00	
	(Expenses \$	(including grants of \$) (Revenue \$	`
	,,σσσ ψ		HOMENING GLAINS OF W	/ (Nevenue D)
4e	Total program se	rvice expenses	660,296		

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,"		1	
2	complete Schedule A	1	X	<u> </u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			l
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
•	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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	X
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	_		· v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	X
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		Ì	ŀ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	10	 	<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			- 22
	complete Schedule D, Part III	8	ĺ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-	-	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			†
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		**********	*******
	complete Schedule D, Part VI	11a	Х	1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
. •	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV			77
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
• •	Part IX. column (A) lines 6 and 11e? If "Yes" complete Schodulo C. Boot I (acc instructions)			77
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
-	Part VIII. lines 1c and 8a? If "Yes " complete Schedule G. Part II	4.	l	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
	If "Yes," complete Schedule G, Part III	,		v
		19		<u> </u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	and a game and a final and a f	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	`	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
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		
d 25-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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?		l	
26	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
21	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	**********	X
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	X	
	Schedule L, Part IV		İ	77
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			₹.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-	
	conservation contributions? If "Yes " complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u>X</u>
	Ded I] ,,		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
	community Only duly N. D. 7.0	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701 2 and 301 7701 22 If "Voo." complete Calculula D. Dout'l	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
	or IV and Dark V. Back	34		<u>x</u> _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	$\neg \dagger$	
	controlled entity within the magning of a stirm E40/LV/400 IS WV	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555	+	
	related organization? If "Yes," complete Schedule R. Part V. line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		-	
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	 +		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
			990	(2015)

Form 990 (2015) THORNE ECOLOGICAL INSTITUTE 84-6029250 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 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 organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2015) THORNE ECOLOGICAL INSTITUTE Page 6 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b 1b 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website |X| Another's website |X| Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Keith Desrosiers 1466 N. 63rd Street

Boulder

303-499-3647

CO 80308

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (C) (E) (F) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the related ndividual trustee (W-2/1099-MISC) nstitutional organization gnesi organizations employee and related below dotted compensated organizations line) trustee (1) John Marcil 2.00 Chair 0.00 X X 0 0 (2) Susie Strife 2.00 Vice Chair 0.00 X X 0 0 0 (3) Samantha Messier 2.00 Secretary 0.00 X X 0 0 0 (4) Ian Jacobson 2.00 0.00 X Treasurer 0 0 0 (5) Jan Robertson 1.00 0.00 X Member 0 0 0 (6) Lonna Borden 1.00 X 0.00 Member 0 0 0 (7) Pete Burhop 1.00 Member 0.00 X 0 0 (8) Jenefer Donovan 1.00 Member 0.00 X 0 0 0 (9) Marina Lagrave 1.00 0.00 X Member 0 0 0 (10) Robyn Nick 1.00 Member 0.00 X 0 0 0 (11) Michael O'Toole 1.00 Member 0.00 0 0 0 DAA Form 990 (2015)

TEI 05/03/2016 10:18 AM Form 990 (2015) **THORNE ECOLOGICAL INSTITUTE** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) Name and title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of box, unless person is both an week from related other (list any officer and a director/trustee) the organizations compensation organization hours for (W-2/1099-MISC) from the Individual trustee related (W-2/1099-MISC) nstitutional trustee (ey employee organization ghest compensated nployee organizations and related below dotted organizations line) (12)Amanda Paulson 1.00 0.00 Member 0 0 (13)Duane Primozich 1.00 0.00 X Member 0 0 (14)Jan Robertson 1.00 0.00 X Member 0 0 (15)Rafael Salgado 1.00 0.00 Member X 0 0 (16)Keith Desrosiers 40.00 **Executive Director** 0.00 X 93,427 0 0 93,427 Total from continuation sheets to Part VII, Section A 93,427 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2015)

P	art \	/III State	ment of Reve c if Schedule (<mark>nue</mark> O con	tains a	response	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
इ	3 1a	Federated ca	mnaions	1a				revenue		512-514
ira	b	Membership		1b			1			
S, G	c	Fundraising e		1c						
#5 z	d	Related organ		1d						
S. m	е	Government grants	(contributions)	1e		66,496	5			
i ti	1	f All other contribution	ns, gifts, grants,	, l						
Ęŧ			s not included above	1f		265,786				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines 1a-		·	5,282	.			
<u>၂</u>	i h	I otal. Add lin	es 1a-1f				332,282			
Program Service Revenue	2a	Drogram	food			Busn. Code 61171(503,704	502 704		
Re	b	· · · · · · · · · · · · · · · · · · ·				011/1	503,704	503,704		
<u>i</u> 2	C	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • • • • • • • • •							
Serv	d									
am	е									
jg.	f		ram service reve							
<u>~</u>	g		es 2a–2f				503,704			,
	3		come (including o	dividen	ds, intere	est,				
		and other sim					17,407			17,407
	4		nvestment of tax							
	5	Royanies	(i) Real	· · · · · · · · · · · · · · · · · · ·		Personal				
	6a	Gross rents	(i) iteal		(11)	reisonai				
	b						-			
	С			1						
	d	Net rental inco	ome or (loss)							
	7a	Gross amount from sales of assets	(i) Securities) Other				
		other than inventory								
	b	Less: cost or other								
		basis & sales exps.								
		Gain or (loss)								
			ss)			<u></u>				
ne	oa	(not including \$	om fundraising ever	its						
ver			eported on line 1c).							
r Re		See Part IV, line	10	_		65,176				
Other Revenue	b	Less: direct ex		. p		10,554				
0			(loss) from funds	aising	events .		54,622			
	9a	Gross income fro	om gaming activities	s. [
		See Part IV, line		a	73.5					
		Less: direct ex	,,,,,,,,	. b_						
			(loss) from gami	ng acti	vities	<u></u>				
	10a		inventory, less			1 400				
	h	returns and all				1,480 1,480				
			oods sold (loss) from sales		ontony	1,480				
			cellaneous Revenue	OI IIIV	entory	Busn. Code				
	11a		eous revenue			900099	37	37		
	b						<u> </u>	37		
	С									
		All other reven	ue							
İ	е	Total. Add line	s 11a–11d			-	37			
	12	Total revenue	. See instructions	S		🕨	908,052	503,741	0	17,407

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, (D) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 93,427 76,143 3,457 13,827 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 349,318 284,365 13,040 51,913 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8,902 7,834 233 835 Other employee benefits 36,931 31,621 9 941 4,369 Payroll taxes 10 37,257 34,781 756 1,720 11 Fees for services (non-employees): Management Legal Accounting 13,407 8,322 4,198 С 887 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 49,007 42,779 194 6,034 Advertising and promotion 11,168 9,495 12 20 1,653 49,823 13 Office expenses 52,979 259 2,897 Information technology 16,287 14 14,379 412 1,496 15 Royalties 7,361 16 Occupancy 7,241 26 94 28,889 17 Travel 28,630 33 226 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,773 7,725 199 849 451 20 396 12 43 Payments to affiliates ______ 21 Depreciation, depletion, and amortization 20,240 22 17,812 530 1,898 23 4,206 2,853 Insurance 1,049 304 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Credit card processing 9,853 13,889 4,036 Gifts & Donations 9,138 8,749 b 85 304 Meals and entertainment 7,573 6,702 С 127 744 Event Expenses 7,492 d 653 6,839 e All other expenses 10,976 10,140 317 519 787,671 Total functional expenses. Add lines 1 through 24e 660,296 101,487 25,888 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 1 66,178 265,777 Savings and temporary cash investments 162,856 2 128,447 Pledges and grants receivable, net 124,400 92,500 Accounts receivable, net 16,565 19,530 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 3,520 2,410 Prepaid expenses and deferred charges 6,209 11,631 10a Land, buildings, and equipment: cost or 126,503 other basis. Complete Part VI of Schedule D _______10a b Less: accumulated depreciation 10b 66,170 72,196 10c 60,333 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 413,814 400,143 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 865,738 980,771 Accounts payable and accrued expenses 17 19,057 34,124 17 18 Grants payable 18 Deferred revenue 19 8,513 12,426 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5,062 3,187 Total liabilities. Add lines 17 through 25 ... 32,632 49,737 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 248,846 313,386 Temporarily restricted net assets 47,646 94,705 Permanently restricted net assets 536,614 522,943 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 931,034 833,106 33 Total liabilities and net assets/fund balances ... 865,738 980,771

Form **990** (2015)

orm 9	90 (2015) THORNE ECOLOGICAL INSTITUTE	84-6029250		ı	Page 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line	e in this Part XI			
1 -	otal revenue (must equal Part VIII, column (A), line 12)		1 1	908	,052
2	otal expenses (must equal Part IX, column (A), line 25)		2	787	,671
3 1	Revenue less expenses. Subtract line 2 from line 1		3	120	,381
4 [let assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	833	,106
5 1	let unrealized gains (losses) on investments		5	-16	,136
6	Oonated services and use of facilities		6		
7 I	nvestment expenses		7	-6	,317
8 F	rior period adjustments		1 . 1		
9 (When changes in not accets or fined belonger (complete in Caladala C)				
0 1	let assets or fund balances at end of year. Combine lines 3 through 9 (must				
3	3, column (B))		10	931	,034
Parl	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line	in this Part XII			
				Ye	s No
1 /	ccounting method used to prepare the Form 990: 🔲 Cash 🛛 🗶 Accr	ual Other			
ł	the organization changed its method of accounting from a prior year or chec	cked "Other," explain in		_	
5	chedule O.				
2a \	Vere the organization's financial statements compiled or reviewed by an inde	pendent accountant?		2a X	
ŀ	"Yes," check a box below to indicate whether the financial statements for the	e year were compiled or			
r	eviewed on a separate basis, consolidated basis, or both:				
. 2	Separate basis Consolidated basis Both consolidated an	nd separate basis			
b V	Vere the organization's financial statements audited by an independent according	untant?		2b	X
ŀ	"Yes," check a box below to indicate whether the financial statements for the				
s	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated an	id separate basis			
c l	"Yes" to line 2a or 2b, does the organization have a committee that assume				
	of the audit, review, or compilation of its financial statements and selection of	an independent accountant?		2c X	:
li	the organization changed either its oversight process or selection process d	uring the tax year, explain in			
	chedule O.				
3a /	s a result of a federal award, was the organization required to undergo an au	dit or audits as set forth in		p	
	ne Single Audit Act and OMB Circular A-133?			3a	x
	"Yes," did the organization undergo the required audit or audits? If the organ	nization did not undergo the			
r	equired audit or audits, explain why in Schedule O and describe any steps tal	ken to undergo such audits		36	

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ) **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Inspection

Name o	of the organization	THORNE ECOLO	GICAL INSTITUTE	<u> </u>		Employer ider 84-602	ntification number 29250
Pa	rti Rea	son for Public Charity	Status (All organizations	must c	omplete		
The o			se it is: (For lines 1 through 11,				
1	A church, o	convention of churches, or ass	sociation of churches described	in sectio	- n 170(b)(1	I)(A)(i).	
2	A school de	escribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fori	n 990 or !	990-EZ).)		
3			ice organization described in se			iii).	
4			d in conjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter the l	nospital's name,
_	city, and st	*********************					
5		ation operated for the benefit 0(b)(1)(A)(iv) . (Complete Part	of a college or university owned	or operat	ed by a go	overnmental unit described in	
6			governmental unit described in s	ection 1	70(h)(1)(A	\(\v\)	
7			substantial part of its support fr			, , ,	C
		n section 170(b)(1)(A)(vi). (C		u ge.		and or nom the general publi	
8			170(b)(1)(A)(vi). (Complete Par	t II.)			
9		•	1) more than 33 1/3% of its sup	,	contribution	ons, membership fees, and gr	oss
			npt functions—subject to certain				
	support from	m gross investment income a	nd unrelated business taxable ir	ncome (le	ss section	511 tax) from businesses	
	acquired by	the organization after June 3	30, 1975. See section 509(a)(2)	. (Comple	te Part III	.)	
10	An organiza	ation organized and operated	exclusively to test for public saf	ety. See s	section 50)9(a)(4).	
11	An organiza	ation organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the purpo	oses of
	one or more	e publicly supported organizat	ions described in section 509 (a	a)(1) or se	ection 509	(a)(2). See section 509(a)(3)	. Check
			cribes the type of supporting or	-			
а			ed, supervised, or controlled by				•
			to regularly appoint or elect a m	ajority of	the directo	ors or trustees of the supporting	ng
		n. You must complete Part I					
b			vised or controlled in connection			- ,,, -	
			organization vested in the sam	e persons	that cont	rol or manage the supported	
_		n(s). You must complete Pa				al Book and the Control of the State	
С			orting organization operated in				
d			tions). You must complete Pa supporting organization operate				\
u l			ganization generally must satisf				,
			t complete Part IV, Sections A		-		
e			ed a written determination from t				
ı			nctionally integrated supporting			Abe it the it the in	
f		er of supported organizations		-		***************************************	
g	Provide the follo	owing information about the s	upported organization(s).				
(i) l	Name of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amount of
	organization		(described on lines 1–9 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
			above (eee mendenens)	4004		instructions)	instructions)
				Yes	No		
A) ·							
D)				ļ			
B)							
C)			- Barthard Marian				
 D)		· · · · · · · · · · · · · · · · · · ·					
E)		·					
otal		[contraction of the contraction	p	40000000000000000000000000000000000000	p.co::::::::::::::::::::::::::::::::::::		I

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						1987
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
5	Total. Add lines 1 through 3 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.						
	tion B. Total Support	T					
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		·				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	ırth, or fifth tax yea	ar as a section 501	(c)(3)	
_	organization, check this box and stop her			<u> </u>			>
	tion C. Computation of Public Su						
14	Public support percentage for 2015 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	%
15	Public support percentage from 2014 Sche						
16a	33 1/3% support test—2015. If the organ				33 1/3% or more, c	heck this	. \Box
L	box and stop here. The organization quali						▶ ∐
b	33 1/3% support test—2014. If the organic check this box and stop here. The organiz				5 is 33 1/3% or mo	ore,	
17a	10%-facts-and-circumstances test—201				c or 16h and line	44:-	
u	10% or more, and if the organization meet						
b	Part VI how the organization meets the "fa organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization Explain in Part VI how the organization me	cts-and-circumstand. 4. If the organization meets the "facts-andets the "facts-and-	nces" test. The org on did not check a ind-circumstances' circumstances" te	anization qualifies box on line 13, 16 test, check this b st. The organizatio	as a publicly supp ca, 16b, or 17a, and ox and stop here. on qualifies as a pu	oorted d line	▶□
8	Private foundation. If the organization did	I not check a box o	on line 13. 16a. 16b	 . 17a. or 17b. che	eck this box and se	 e	
	instructions						>
							,

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

2 Gross receipts from admissions marchandries sold or services proferred, of citibilities furnished in any schildy that is reliated to the opportication's consensus properties of the control of the composition of the consensus properties of the control of the composition of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the consensus properties of the control of the c	<u></u>	in the organization rails to	quality under the	ie tests listed b	elow, please co	ompiete Part II	.)	
Gills, gamts, combibutions, and membrahigh teles releaved, (C) not include any immusal gamts." 236,389 274,174 346,203 498,061 332,282 1,687,101			T	T				
the principle of the process received (Do not include any "unusual grants"). 2 Ocus reaching from consistence, mechanicals segment of the process received from control and segment of the process received from the process of the p			(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2 Gross receipts from admissions, mechanises sold or services profermed, of cital cities from the control of any attributed in all and the control of the c	1	fees received. (Do not include any "unusual	236,389	274,174	346,203	498,061	332,282	1,687,109
Tax revenues leviel for the end of the shelf of the shelf of the shelf of the end of the shelf of the shelf of the shelf of the shelf of the shelf of	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	240,943	377,359	417,976	468,317	570,397	2,074,992
organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 477,332 651,533 764,179 966,378 902,679 3,762,101 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 4,810 4,810 Amounts included on lines 1, 2 and 3 received from disqualified persons 4,810 7,810	3							
### Trainished by a governmental unit to the organization without charge ### Arr. 332 651,533 764,179 965,378 902,679 3,762,101 7a Amounts included on lines 1, 2, and 3 received from disqualified persons	4	organization's benefit and either paid						
Total. Add lines 1 through 5	5	furnished by a governmental unit to the						
Tax Amounts included on lines 1, 2, and 3 received from disqualified persons 4,810 4,810 b Amounts included on lines 2 and 3 received from other han disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 4,810 4,810 c Add lines 7a and 7b 4,810 4,810 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total line 6.) Gross income from interest, dividends, payments received on socurities loans, rents, royslites and income from similar sources -1,850 17,450 783 774 17,407 34,564 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b -1,850 17,450 783 774 17,407 34,564 11 Nel income from unrelated business sacitivities not included in line 10b, whether or not the business is regularly carried on 120 Chter income. Do not included in line 10b, whether or not the business is regularly carried on 120 Chter income. Do not included gain or included in line 10b, whether or not the business is regularly carried on 120 Chter income. Do not included gain or included in line 10b, whether or not the business is regularly carried on 120 Chter income. Do not included gain or included in line 10b, whether or on the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, 475, 482 668,983 764,962 967,152 920,086 3,796,665 165 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f) 99,29 % Section D. Computation of Public Support Percentage 17 Investment income percentage for 2015 (line 10c, column (f) other 4 box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X 31/3% support tests—2014. If the	6	Total. Add lines 1 through 5	477,332	651,533	764,179	966,378	902,679	3,762,101
received from other than disqualified persons that exceed the preside of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b 8	7a	Amounts included on lines 1, 2, and 3	4,810					4,810
C Add lines 7a and 7b	b	received from other than disqualified persons that exceed the greater of \$5,000						
Public support. (Subtract line 7c from	С	A -1 -1 (1)	4,810					4.810
Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total	8							-/
Calendar year (or fiscal year beginning in) ► (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total								3,757,291
9 Amounts from line 6								
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b -1,850 17,450 783 774 17,407 34,564 1 Net income from unrelated business acquired in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 1475,482 668,983 764,962 967,152 920,086 3,796,665 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 99,29% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2015. 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 Income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Cale	ıdar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	10a	payments received on securities loans, rents,	-1 850	17 450	702	774	17 407	24 564
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and 12.) 475,482 668,983 764,962 967,152 920,086 3,796,665 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2014 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 33 1/3% support tests—2015. 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 5 33 1/3% support tests—2014. 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 17 Investment income percentage from 2014 Schedule A, Part III, line 17 18 Investment income percentage from 2014 Schedule A, Part III, line 17 19 Investment income percentage from 2014 Schedule A, Part III, line 17 19 Investment income percentage from 2014 Schedule A, Part III, line 17 19 Investment income percentage from 2014 Schedule A, Part III, line 17 19 Investment income percentage from 2014 Schedule A, Part III, line 17 10 Investment income percentage from 2014 Schedule A, Part III, line 17 11 Investment income percentage from 2014 Schedule A, Part III, line 17 12 Investment income percentage from 2014 Schedule A, Part III, line 17 13 Investment income percentage from 2014 Schedule A, Part III, line 17 14 Investment income percentage from 2014 Schedule A, Part III, line 17 15 Investment income percentage from 2014 Schedule A	12	loss from the sale of capital assets						
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 (b) and (c) 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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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Schedule A (Form 990 or 990-EZ) 2015 THORNE ECOLOGICAL INSTITUTE

Pai	t IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
<u>Sect</u>	on B. Type I Supporting Organizations	
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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
Secti	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Secti	on E. Type III Functionally-Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):
а	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 government entity (see inst	ructions).
2 A	ctivities Test. Answer (a) and (b) below.	Yes No
а	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.	2a
b	Did the activities described in (a) 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.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	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? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O		1-0023	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			<u></u>
other Type III non-functionally integrated supporting organizations must complete Sec			
Section A - Adjusted Net Income	CHOILS A TH	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			-
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		to the state of th
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integra		I supporting organization	(see
instructions).	31	, ,	V

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	****	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
2	Amounts paid to perform activity that directly furthers exempt purposes						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of suppo						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organiza	tion is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
			Pre-2015	Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b							
С							
d	From 2013						
е	From 2014						
· f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2016. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Schedule A (Form 990 or 990-EZ) 2015

	orm 990 or 990-EZ) 2015				84-6029250	Page 8
Part VI	III, line 12; Part IV, B, lines 1 and 2; Pa 3a and 3b; Part V,	Section A, lines art IV, Section C, line 1; Part V, Se	1, 2, 3b, 3c, 4b, line 1; Part IV, section B, line 1e;	4c, 5a, 6, 9a, 9b, 9d Section D, lines 2 ar	II, line 10; Part II, line 17a or c, 11a, 11b, and 11c; Part IV, ad 3; Part IV, Section E, lines ines 5, 6, and 8; and Part V, 9 (See instructions.)	17b; Part Section 1c, 2a, 2b,
		*				
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***************************************			•••••	***************************************		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

THORNE ECOLOGICAL INSTITUTE 84		84-6029250
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundate	tion
	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	
Note. Only a section 501(constructions.	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions contributions.	
Special Rules		
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 9 and that received from any one contributor, during the year, total contributions of the fithe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Com	990-EZ), Part II, line the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year, total contributions of more than \$1,000 exclusively for religious, charitational purposes, or for the prevention of cruelty to children or animals. Complete F	able, scientific,
contributor, during contributions totale during the year for General Rule appl	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receing the year, contributions exclusively for religious, charitable, etc., purposes, but not a more than \$1,000. If this box is checked, enter here the total contributions that an exclusively religious, charitable, etc., purpose. Do not complete any of the paties to this organization because it received nonexclusively religious, charitable, more during the year	o such at were received arts unless the etc., contributions
990-EZ, or 990-PF), but it i	hat is not covered by the General Rule and/or the Special Rules does not file Somust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H, to certify that it does not meet the filing requirements of Schedule B (Form 990)	of its Form 990-EZ or on its

Name of organization
THORNE ECOLOGICAL INSTITUTE

Employer identification number 84-6029250

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Charles and Ann Johnson Foundation One Franklin Parkway San Mateo CA 94403	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	The Cynthia and George Mitchell Foundation Po Box 8937 The Woodlands TX 77387-8937	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Xcel Energy 1225 17th Street Denver CO 80202	\$ 15,000	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
4	Bobolink Foundation 1 New York Plaza New York NY 10004	\$ 15,000	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
5	John & Jackie Giester 1720 Bluebell Avenue Boulder CO 80302	\$ 19,758	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 Boulder Brands c/o GFA Brands 115 West Century Road Suite 260 Paramus NJ 07652	Total contributions \$ 15,000	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

OL Z Page Z

Name of organization
THORNE ECOLOGICAL INSTITUTE

Employer identification number 84-6029250

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Peyback Foundation 6325 Guilford Avenue Suite 201 Indianapolis IN 46220	\$ 7,500	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number

T	HORNE	ECOLOGICAL INSTITUTE		84-6029250
Pa	art I	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.
		Complete if the organization answered "Yes" on I	Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1		nber at end of year		
2	Aggregat	e value of contributions to (during year)		
3		e value of grants from (during year)		
4		e value at end of year		
5		rganization inform all donors and donor advisors in writing tha		О
		the organization's property, subject to the organization's excl		Yes No
6		rganization inform all grantees, donors, and donor advisors in		
		haritable purposes and not for the benefit of the donor or dono	• • • •	
D ₂	irt II	g impermissible private benefit? Conservation Easements.	<u></u>	Yes No
	4.4040.000	Complete if the organization answered "Yes" on F	Form 990 Part IV line 7	
1	Purpose(s	s) of conservation easements held by the organization (check		
•		ervation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land area
		ction of natural habitat	Preservation of a certified histor	
		ervation of open space	1 reservation of a certified mistor	ic structure
2		lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation
		t on the last day of the tax year.	Taken communication in the form of a com-	Held at the End of the Tax Year
а	Total num	nber of conservation easements		
b				• • • • • • • • • • • • • • • • • • • •
. с		of conservation easements on a certified historic structure incl	uded in (a)	2c
d	Number of	of conservation easements included in (c) acquired after 8/17/	06, and not on a	
		ruotura liatad in the National Deviates		2d
3	Number o	of conservation easements modified, transferred, released, ex		
	tax year 🕨			· ·
4	Number o	of states where property subject to conservation easement is I	ocated ▶	
5		organization have a written policy regarding the periodic moni	toring, inspection, handling of	
		, and enforcement of the conservation easements it holds? \dots		
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	easements during the year
	•			
7		f expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation ease	ments during the year
	▶ \$			•
8		h conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(`
		on 170(h)(4)(B)(ii)?		Yes No
9		II, describe how the organization reports conservation easeme		
		heet, and include, if applicable, the text of the footnote to the on's accounting for conservation easements.	organization's financial statements that (describes the
Pa	rt III	Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assats
(0)(0)(0)		Complete if the organization answered "Yes" on F		Olilliai Assets.
1a	If the orga	anization elected, as permitted under SFAS 116 (ASC 958), n		halance sheet
		art, historical treasures, or other similar assets held for public		
		vice, provide, in Part XIII, the text of the footnote to its financia		
b		anization elected, as permitted under SFAS 116 (ASC 958), to		
		art, historical treasures, or other similar assets held for public		
		vice, provide the following amounts relating to these items:		
	(i) Rever	nue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Asset	s included in Form 990, Part X		> \$
2	If the orga	anization received or held works of art, historical treasures, or	other similar assets for financial gain, pr	ovide the
		amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenue	included on Form 990, Part VIII, line 1		> \$
b	Assets inc	cluded in Form 990, Part X		> \$

ı	Page	2
- 1	auc	_

Pa	rt III Organizations Maintainir	ng Collections of A	rt, Historical Tre	asures, or Othe	r Simil	ar As	sets (contin	ued)	_
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other records,	check any of the follow	wing that are a signifi	cant use	of its				
a b	Public exhibition Scholarly research		an or exchange progra her							
c	Preservation for future generations	0 00				• • • • •				
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
_	XIII.									
5	During the year, did the organization solicit assets to be sold to raise funds rather than			· ·					es 「	No
Pa	rt IV Escrow and Custodial A					<u></u>				
	Complete if the organization 990, Part X, line 21.		on Form 990, Part	IV, line 9, or repo	orted a	n am	ount o	n Forr	n	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dian or other intermedian	•					Пу	es 「	No
b	If "Yes," explain the arrangement in Part XI								_	
-		aa complete alle lene	9 (2.2.2.2.		Γ			Amour	nt	
С	Beginning balance				Ī	1c				
d	Additions during the year					1d				
е	Distributions during the year				·····	1e				
f	Ending balance					1f				
	Did the organization include an amount on	Form 990. Part X. line 2	1. for escrow or custoo	dial account liability?				Y	es	No
	If "Yes," explain the arrangement in Part XI			•						
********	rt V Endowment Funds.									
**********	Complete if the organization	on answered "Yes" c	n Form 990. Part	IV. line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years	back	(e) Fou	ır years	back
1a	Beginning of year balance	413,814	278,230	164,245		155	,600		167	,028
	Contributions		135,925	100,000						
	Net investment earnings, gains, and losses	1,295	12,332	24,725		18	,717		•	-852
d	Grants or scholarships		, , , ,				7			
	Other expenditures for facilities and									
_	programs	8,649	8,471	8,046			İ			
f	Administrative expenses	6,317	4,202	2,694		1	,828		4	,566
	End of year balance	400,143	413,814	278,230			,245			, 600
	Provide the estimated percentage of the cu						,			
	Board designated or quasi-endowment ▶	%	inio 19, ocianii (a)) ne	Jia as.						
	Permanent endowment ▶ 100.00 %									
	Temporarily restricted endowment ▶	%								
·	The percentages on lines 2a, 2b, and 2c sh									
32	Are there endowment funds not in the poss	•	on that are held and a	Aministered for the						
Ja	organization by:	ession of the organization	on that are new and at	arministered for the					Yes	No
	(i) unuslated associations							3a(i)	X	110
	(ii) valatad avvaniantiana							3a(ii)	22	Х
h	If "Yes" on line 3a(ii), are the related organi	zatione listed as require	d on Schedule P2					3b		- 22
1	Describe in Part XIII the intended uses of the							_ <u> </u>		J
	rt VI Land, Buildings, and Equ		nent lunus.							
5550 7 55 75 7	Complete if the organization		n Form 990 Part	IV line 11a See	Form (۸۵۵	Dart Y	line 1	ın	
	Description of property	(a) Cost or other basi			ccumulated		Tarra	(d) Book		
	becomplient of property	(investment)	(other)	''	preciation			(u) Doon	value	
10	Land		(2.3.61)				*			
ıa h	Land						*			
ņ	Buildings Leasehold improvements			7,158	15,	922	-		41	236
	Leasehold improvements			1,913		346				<u> 567</u>
	Equipment Other	i.		7,432		902				530
*******	Other					JU2	:			333
- Juan	. Add mies la though le. (Column (d) musi	toquari omir aau, Fall A	, column (D), line 100.	<i></i>		··· -			, ,	<u> </u>

Schedule D (Fe	orm 990) 2015 THORNE ECOLOGICAL INS	TITUTE	84-6029250	Page
Part VII	Investments—Other Securities.	Form 000 Port IV line	o 11h Soo Form 000 Por	+ V line 12
	Complete if the organization answered "Yes" on	(b) Book value	e TTD. See Form 990, Par (c) Method of val	
	(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year m	
(1) Financial d	la vivativa			
	ld equity interests			
(3) Other	in equity interests		With the second	
(A)	·			
			MANAGEMENT TO THE CONTROL OF THE CON	
			,	
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	uation:
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
			· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
	Complete if the organization answered "Yes" on	Form 990 Part IV line	e 11d. See Form 990. Par	t X. line 15.
	(a) Description	, , , , , , , , , , , , , , , , , , , ,		(b) Book value
(1)	Oak Thorne Vision Fund			236,016
(2)	Boulder Community Fdn 1	Endowment		101,041
(3)	Denver Foundation Endo			63,086
(4)		The state of the s		•
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.))	400,143
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line	e 11e or 11f. See Form 99	90, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2) Capit	calized Copier Lease	3,187		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		2 42=		
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,187		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fi	nancial statements that reports	the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

00070007	art XI	Reconciliation of Revenue per Audited Financial Stateme		Return.	
		Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1				1	
2		included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unre	alized gains (losses) on investments	2a		
b	Donated	services and use of facilities	2b		
С	Recoveri	es of prior year grants	2c		
d	Other (D	escribe in Part XIII.)	2d		
е	Add lines	2a through 2d		2e	
3	Subtract	line 2e from line 1	.,,	3	
4		included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investme	nt expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (D	escribe in Part XIII.)	4b		
		4a and 4b		4c	
5	Total rev	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	art XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return.	
		Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total exp			1	
2	Amounts	included on line 1 but not on Form 990, Part IX, line 25:			
а		services and use of facilities	2a		
b	Prior vea	r adjustments	2b		
С	~		2c		
d		escribe in Part XIII.)			
	Add lines	2a through 2d	L	2e	
3	Subtract	line 2e from line 1		3	
4	Amounts	included on Form 990, Part IX, line 25, but not on line 1:	T	· · · • • • • • • • • • • • • • • • •	W.A
		nt expenses not included on Form 990, Part VIII, line 7b	4a		1
		escribe in Part XIII.)			
		An and Ala		4c	
5		enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
				🔍	
Ps		Supplemental Information			
		Supplemental Information.	lines 1h and 2h: Part V line	A: Part X line	
Prov	ide the des	criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,		4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.	4; Part X, line	
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
Prov	ide the des	scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

Schedule D (Form 990) 2015 THORNE ECOLOGICAL INSTITUTE	84-6029250	Page 5
Part XIII Supplemental Information (continued)		
		• • • • • • • • • • • • • • • • • • • •
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Department of the Treasury Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name	THORNE ECOLOGICAL	TNSTTTITT	r.			Employer identificat 84-60292	
	Eundralaine Astivities Complete if			swe	red "Yes" on Form		
	Form 990-EZ filers are not required to	to complete thi	s par	t.			
1	Indicate whether the organization raised funds through						
а	Mail solicitations	e Solicitation	n of no	n-gov	vernment grants		
b	Internet and email solicitations	f Solicitation	n of go	vernn	nent grants		
С	Phone solicitations	g Special fur	ndraisi	ng ev	rents		
d	In-person solicitations						
	Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	in connection with	profe	ssion	al fundraising services?		Yes No
b	If "Yes," list the ten highest paid individuals or entities (toppensated at least \$5,000 by the organization.	fundraisers) pursu	ant to	agree	ements under which the	fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo conf	id fund- r have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2			-				
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3	List all states in which the organization is registered or legistration or licensing.	licensed to solicit o	contrib	utions	s or has been notified it	is exempt from	
• • •							

Schedule G (Form 990 or 990-EZ) 2015

84-6029250

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events Natural Night O None (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 65,176 65,176 2 Less: Contributions 3 Gross income (line 1 minus 65,176 65,176 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 10,554 10,554 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 10,554 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2015 THORNE ECOLOGICAL INSTITUTE 84	-6029250)	Pag	₃ 3
11	Does the organization conduct gaming activities with nonmembers?			es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable gaming?		Y∈	es	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ►				
15a	Does the organization have a contract with a third party from whom the organization receives gaming			,	
	revenue?		☐ Ye	es	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			Ш	
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
•	Too, onto hamo and address of the third party.				
	Name •				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ye	es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				
022000000	spent in the organization's own exempt activities during the tax year ▶ \$				
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i	nformation (see		
	instructions).				
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Schedule G (Form 990 or 990-EZ) 2015

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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2015

Open To Public Inspection

Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

name of the organi								yer idei		on num	nber		
Part I	THORNE ECOLOGICAL		(-) (O) (C	504/	->/4>			50292	50				
Part I	Excess Benefit Transacti Complete if the organization answ								Ωh				
111-113	Complete if the organization answ		nship between disq				1 330-LZ, T art v,	IIIIC 4	JD.		(d)	Correct	ted?
1	(a) Name of disqualified person	(b) Notation	organization		a poro	orr aria	(c) Description of tra	ansactio	n		Yes		No
(1)													
(2)											<u> </u>		
(3)	AND THE STATE OF T											1	
(4)													
(5)													
(6)													
under se	e amount of tax incurred by the orga ection 4958 e amount of tax, if any, on line 2, at							. > \$	§				
	Lacra to analisa English	4I D											
Part II	Loans to and/or From Int Complete if the organization answ			+ \ /	lino '	20a ar Earm 000	Dort IV line 26:	or if t	ho				
	organization reported an amount				iiie .		, Pait IV, line 20,	OF II U	ie.				
	(a) Name of interested person	(b) Relationship	(c) Purpose of		oan to	(e) Original	(f) Balance due	(g) In	default?	(h) Ap	proved	(i) W	Vritten
		with organization	loan	or from the princi		principal amount				by board or committee?		agreement?	
					From			Yes	No	Yes	No	Yes	No
,													
(1)													
(2)													_
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(4)	THE SECOND SECON	****		-	\vdash			_	├ ─		-	<u> </u>	1
(5)	The state of the s			-					┼──		\vdash	├─	\vdash
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(8)													
(9)													
10)				<u> </u>									
Total			<u></u>			> \$							
Part III	Grants or Assistance Bei Complete if the organization ansv	•			27								
					1		(A) T () (
	(a) Name of interested person		ship between intere and the organization		(C) Ar	mount of assistance	(d) Type of assistance	1	(e)	Purpose	e of assi	istance	
(1)					 			_					
(2)								_					
(3)						-							
(4)													
(5)													
(6)													
(7)													
(8)													
(9)								- 1					

Part IV	IV Business Transactions Involving Interested Persons.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.									
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		(e) Sharing of org. revenues?				
(1) Marina	Tagrave	Director	1,500	Tatino E	Parent Adviso	Yes	No X			
(2)	Hagrave	DITECTOL	1,500	Hacino i	atent Adviso	_				
(3)										
(4)										
(5)		·								
(6)										
(7)										
(7) (8) (9)						-				
(9)										
(10)										
Part V	Supplemental Information Provide additional information for responses to	questions on Schedule L ((see instructions).							
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		The second secon	-		12 20 300 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2015

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

THORNE ECOLOGICAL INSTITUTE

Employer identification number 84-6029250

Form 990, Part I, Line 6

Volunteer and in-kind support play a critical role in the success of

Thorne's mission, by ensuring all programs are delivered through the most
cost effective means possible.

Volunteer Involvement:

During 2015, Thorne Nature Experience utilized 124 volunteers and interns who contributed more than 4,689 volunteer hours. Thorne is governed by a volunteer Board of Trustees who oversee policy level decisions for the organization, hire and managed the Executive Director, and ensure Thorne's financial health and well being. Additional volunteers and interns provided support both in the office and with Thorne programs. Thorne has a successful internship program for undergraduate and graduate students to gain hands-on experience with teaching outdoors in nature. Typical volunteer tasks at Thorne include: assembling student-authored Mini Books and creating teaching props for Thorne's In-School Program, assisting teachers and students in the After School Program, serving as Teaching Assistants for Summer Camp, identifying and eradicating invasive plants species at Sombrero Marsh, and procuring auction items for Thorne's annual fundraiser, Natural Night Out.

In-Kind Support:

Thorne Nature Experience received more than \$28,870 of in-kind support in 2015. The largest in-kind contributor is Boulder Valley School District, who provides free rent to Thorne at the Sombrero Marsh Education Center. Thorne also receives significant in-kind support from landscapers, graphic artist, and several media outlets in addition to dozens of companies that

Employer identification number

84-6029250

contribute items that are used to thank volunteers and auctioned off at Thorne's annual fundraiser, Natural Night Out

Form 990, Part III, Line 4a - First Accomplishment Boulder Open Space and Mountain Parks Department and the Boulder Valley School District (BVSD), the Field Trip Program engages 1,850 BVSD fourth graders annually in a day-long field trip to the 45-acre Sombrero Marsh Environmental Education Center. At the Marsh, students learn about wetland ecology while hiking on boardwalks, viewing birds from a bird blind, and undertaking experiments in a laboratory. The Marsh is also home to a 30 ft. wind turbine, organic gardens, and a photovoltaic solar system which are used as educational tools to demonstrate the concept of conserving natural resources as a means of protecting the environment. In addition to serving 4th grade BVSD students at Sombrero Marsh, Thorne also offers Field Trips to other BVSD grade levels and non BVSD schools and youth-serving organizations at both its Boulder and Littleton locations. In-School Program - Initiated in 2005, Thorne's In-School Program reaches 7,000 elementary students each year. The In-School Program expands students' knowledge in the areas of science and literacy through a three class series of lessons that involve interactive explorations, inquirybased experiments, scientific instruments and specimens, and writing a picture book. Emphasis is placed on working with schools neighboring Thorne's environmental education centers and low-income, low-scoring, and culturally diverse schools throughout the Denver and Boulder Metro Area. At select schools with very high percentages of disadvantaged youth, Thorne offers an additional twelve week After School Program for students who are interested in expanding their knowledge of science and connection to

nature.

THORNE ECOLOGICAL INSTITUTE

Employer identification number

84-6029250

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The 990 will be reviewed through e-mail.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

SECTION 1. PURPOSE

The purpose of this conflicts of interest policy is to protect the organization's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director, Committee member, or employee of the organization. This policy is intended to supplement but not to replace any applicable state laws governing conflicts of interest applicable to nonprofit and charitable corporations.

SECTION 2. DEFINITIONS

- 1.Interested Person: Any director, principal officer, member of a committee with Board-delegated powers, or employee who has a direct or indirect financial interest, as defined below, is an interested person.
- 2. Financial Interest: A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
- a) an ownership or investment interest in any entity with which the corporation has a transaction or arrangement, or
- b) a compensation arrangement with the corporation or with any entity or individual with which the corporation has a transaction or arrangement, or c) a potential ownership or investment interest in, or compensation
- arrangement with, any entity or individual with which the corporation is negotiating a transaction or arrangement.

Page 2 of 5

THORNE ECOLOGICAL INSTITUTE

Employer identification number 84-6029250

Compensation includes direct and indirect remuneration as well as gifts or

favors that are substantial in nature.

Section 3. Procedures

- 1.Duty to Disclose: In connection with any actual or possible conflicts of interest, an interested person must disclose the existence and nature of his or her financial interest to the directors, officers and/or members of committees with Board-delegated powers considering the proposed transaction or arrangement.
- 2.Determining Whether a Conflict of Interest Exists: After disclosure of the financial interest, the interested person shall leave the Board or committee meeting while the financial interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.
- 3. Procedures for Addressing the Conflict of Interest:
- a) The chairperson of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- b) After exercising due diligence, the Board or committee shall determine whether the corporation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest.
- c) If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the corporation's best interests and for its own benefit and whether the transaction is fair and reasonable to the corporation and shall make its

THORNE ECOLOGICAL INSTITUTE

Employer identification number

84-6029250

decision as to whether to enter into the transaction or arrangement in conformity with such determination.

- 4. Violations of the Conflicts of Interest Policy:
- a) If the Board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- b) If, after hearing the response of the member and making such further inquiry and investigation as may be warranted in the circumstances, the Board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Section 4. Records of Proceedings

The minutes of the Board and all committees with Board-delegated powers shall contain:

a) The names of the persons who disclosed or otherwise were found to have a

- financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the Board's or committee's decision as to whether a conflict of interest in fact existed.

 b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement that were considered, and a record of any votes taken in connection therewith.

 Section 5. Compensation Committees
- a) A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the

Employer identification number

THORNE ECOLOGICAL INSTITUTE

84-6029250

corporation for services is precluded from voting on matters pertaining to that member's compensation.

b) A voting member of any committee whose jurisdiction includes compensation matters is precluded from voting on matters pertaining to the compensation of any individual with whom the voting member in question has a family relationship.

Section 6. Annual Statements

Each director, principal officer, and member of a committee with

Board-delegated powers shall at the onset of their service sign a statement
which affirms that such person:

- a) has received a copy of the conflicts of interest policy,
- b) has read and understands the policy,
- c) has agreed to comply with the policy, and
- d)understands that the corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The organization has reviewed the Colorado Nonprofit Salary Survey and

completed a salary analysis of like organizations and bases its salary on

how it chooses to pay staff comparatively with approval done by Board.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Upon request

Page 5 of 5