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TIN: 45-4134319

Form **990** 

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A F	or the 2022 c	alendar year, or tax year beginning 01-01-2022 , and endi	ng 12-3	1-2022			
<b>B</b> Che	ck if applicable:	C Name of organization SAVORY INSTITUTEORG INC			D Employe	r identif	ication number
○ Ad	dress change	SAVORT INSTITUTEORG INC			45-4134	319	
	me change				15 1151.	313	
_	tial return	Doing business as					
	al return/terminated				E Telephone	number	
	ended return olication pending	Number and street (or P.O. box if mail is not delivered to street address) 885 ARAPAHOE AVE	Room/su	iite	(202) 22	7 0750	
_ Ap	oncation pending				(303) 32	7-9739	
		City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 80302			<b>G</b> Gross rece	eipts \$ 2,	640,660
		F Name and address of principal officer:		<b>H(a)</b> Is this	a group retu	ırn for	
		JIM SNYDER 885 ARAPAHOE AVE			inates?		☐Yes ✓No
		BOULDER, CO 80302		H(b) Are all	subordinate	s	☐ Yes ☐No
I Tax	-exempt status:	✓ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □	527	include		t Coo i	nstructions.
7 14/	-b-it CA	/ORYINSTITUTE.ORG	5 527	H(c) Group			
J W	edsite: SAV	VORYINSTITUTE.ORG		(e) Group	exemption	iuiiibei	
<b>K</b> Forn	n of organization:	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of format	ion: 2012	<b>M</b> State	of legal domicile: CO
Pa		mary		•	•		
Governance	THE MISS: AND PRAC ACTIVITIE SOURCES	scribe the organization's mission or most significant activities: ION OF THE ORGANIZATION IS TO RESTORE THE VAST GRASSLAN TICE OF HOLISTICMANAGEMENT AND HOLISTIC DECISION MAKII S ARE TURNING DESERTS INTO THRIVING GRASSLANDS, RESTOF BACK TO LIFE, COMBATING POVERTY AND HUNGER, AND INCREA O GLOBAL CLIMATE CHANGE.	NG. THE RING BIO	ORGANIZATION DIVERSITY, BR	I'SEDUCATION INGING STR	ONAL COREAMS,	ONSULTING RIVERS AND WATER
Ē							
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5	2 Check thi	is how In C					
×8		of voting members of the governing body (Part VI, line 1a)				<b> </b> 3	5
Activities &		of independent voting members of the governing body (Part VI, lin				4	4
M		nber of individuals employed in calendar year 2021 (Part V, line 2a	•			5	15
Ac			•			6	0
		nber of volunteers (estimate if necessary)			•		
		elated business revenue from Part VIII, column (C), line 12				7a	0
	<b>b</b> Net unrel	lated business taxable income from Form 990-T, Part I, line 11 .		T		7b	0
				Prio	r Year		Current Year
9		cions and grants (Part VIII, line 1h)			3,958,90	01	2,236,320
ĕ	<b>9</b> Program	service revenue (Part VIII, line 2g)	•		387,12	27	360,654
Revenue	<b>10</b> Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )	•		30,13	34	43,686
	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0	0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e 12)		4,376,16	52	2,640,660
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3 )				0	0
		paid to or for members (Part IX, column (A), line 4)				0	0
S		other compensation, employee benefits (Part IX, column (A), lines			1,206,58	38	1,133,954
se		onal fundraising fees (Part IX, column (A), line 11e)	. 1			0	, ,
8		raising expenses (Part IX, column (D), line 25) 107,610	-				
Expenses		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	1 OF4 F	70	2 000 200
_			•		1,954,5	-	2,908,269
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			3,161,16	_	4,042,223
. 00	19 Revenue	less expenses. Subtract line 18 from line 12	•		1,214,99		-1,401,563
Net Assets or Fund Balances				Beginning o	of Current Ye	ar	End of Year
set	20 Total asse	ets (Part X, line 16)			9,669,97	74	8,622,968
AB		ilities (Part X, line 26)	-		122,04	-	1,080,305
E S		ts or fund balances. Subtract line 21 from line 20			9,547,92	_	7,542,663
	Net asset	or rama balances, subdidet line 21 Holli lille 20	•	1	ンノンサノノフィ	-/	1,342,003

Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has 2023-11-03 Signature of officer Date Sign Here JIM SNYDER CFO Type or print name and title Print/Type preparer's name PTIN Preparer's signature Check | if 2023-11-01 P00369872 **Paid** self-employed Firm's name SCOFIELD & SCOFIELD PC Firm's EIN > 84-0710782 **Preparer Use Only** Firm's address ▶ 15530 E BRONCOS PKWY STE 380 Phone no. (303) 798-2235 CENTENNIAL, CO 80112 🔽 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) . . . . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021) Cat. No. 11282Y Page 2 Form 990 (2021) Page 2 **Statement of Program Service Accomplishments** Part III Check if Schedule O contains a response or note to any line in this Part III . . . . . . . Briefly describe the organization's mission: LARGE-SCALE RESTORATION OF THE WORLDS GRASSLANDS THROUGH THE TRAINING AND PRACTICE OF HOLISTIC MANAGEMENT AND HOLISTIC DECISION MAKING. CHANGING LAND MANAGEMENT PRACTICES TO COMBAT THE EFFECTS OF CLIMATE CHANGE, PROVIDES SOLUTIONS FOR FOOD SECURITY, WATER SECURITY AND TO COMBAT POVERTY AND ECONOMIC CHALLENGES Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ✓ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program Yes Vo If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 275,061) 4a (Code: ) (Expenses \$ 3,153,496 including grants of \$ ) (Revenue \$ TRAINING HUB NETWORK - SUPPORT AND GROWTH OF THE SAVORY GLOBAL NETWORK -- A DISTRIBUTED NODAL NETWORK OF ACCREDITED TRAINING HUBS THAT SERVE THEIR REGION TO EQUIP AND SUPPORT LOCAL FARMERS, RANCHERS, AND PASTORALISTS IN REGENERATIVE LAND-USE PRACTICES ADAPTED TO FIT LOCALIZED CONDITIONS. THE GLOBAL NETWORK IS OUR DEPLOYMENT MECHANISM FOR EMPOWERING LOCAL LAND MANAGERS TO TAKE HOLISTIC APPROACHES THAT REGENERATE DESERTIFYING GRASSLANDS ACROSS THE GLOBE FOR FOOD, CLIMATE, AND WATER SECURITY, AND LIFTING FARMING COMMUNITIES OUT OF POVERTY. PROGRAMMATIC ACTIVITIES INCLUDE HUB AND FIELD EDUCATOR RECRUITMENT, ONBOARDING, AND SUPPORT; CREATION AND EVOLUTION OF TEACHING MATERIALS; ANNUAL (OR MORE FREQUENT) NETWORK GATHERINGS FOR CONTINUED EDUCATION AND COLLABORATION; AND SUPPLY CHAIN PROGRAMS THAT CONNECT VERIFIED REGENERATIVE SUPPLY TO RELEVANT INDUSTRIES SPECIAL PROGRAMS: TRAINING, CONSULTATION AND IMPLEMENTATION SUPPORT PROVIDED DIRECTLY BY SAVORY INSTITUTE FOR LARGE-SCALE LAND REGENERATION PROJECTS. MOST OF THESE PROJECTS FOCUS ON DEVELOPING AND UNDER-DEVELOPED COUNTRIES AND PARTNER WITH OUTSIDE ORGANIZATIONS (GOVERNMENTS, NGO'S). TYPICAL SPECIAL PROJECTS WILL TARGET LONG-TERM BENEFITS FOR COMMUNITIES IN NEED OF THE FOOD, WATER AND ECONOMIC SECURITY BENEFITS OF IMPROVEMENTS IN COMMUNITY LAND MANAGEMENT PRACTICES, AND HAVE A LARGE FOCUS ON COMMUNITY BUILDING, CAPACITY BUILDING, TRAINING FOR LONG-TERM PROJECT SUCCESS. 4b (Code: ) (Expenses \$ 14,406 including grants of \$ ) (Revenue \$ 85,593) ONLINE EDUCATION AND PUBLIC OUTREACH - PROVIDE ONLINE EDUCATION MATERIALS AND COURSES TO NETWORK MEMBERS AS WELL AS THE GENERAL PUBLIC TO INCREASE THE AWARENESS AND EDUCATION OF HOLISTIC MANAGEMENT. PARTICIPATE IN PUBLIC EDUCATIONAL EVENTS THAT BRING AWARENESS, CONNECTIVITY, AND INVOLVEMENT WITH SAVORY INSTITUTE'S GLOBAL LAND REGENERATION EFFORTS. ACTIVITIES INCLUDE HOSTING AND PARTICIPATION IN LARGE-SCALE EVENTS AND KEYNOTE PRESENTATIONS. (Code: ) (Expenses \$ 55,159 including grants of \$ ) (Revenue \$ 0) WEST BIJOU RANCH - DEVELOPMENT AND MANAGEMENT OF THE SAVORY INSTITUTE NORTH AMERICAN CAMPUS AND LEARNING SITE, AND 8,000 ACRE RANCH ON THE FASTERN PLAINS OF COLORADO.

Form **990** (2021)

) (Revenue \$

including grants of \$

3,223,061

(Expenses \$

Other program services (Describe in Schedule O.)

Total program service expenses

**Checklist of Required Schedules** 

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. **S**	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			No
_		5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional $\Box$	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
		F	orm <b>99</b>	n (2021

	(N/ Charlist of Barriard Cahadular (autimod)			Page
Pa	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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		No
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		No
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Port V		_	
	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 1a 24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	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 account)?	4a	No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	15	No

16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2021)
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Form	990 (2021)			Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   5		Yes	No
-u	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 7a	Did the organization have members or stockholders?	6		No
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on 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	12a	Yes	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?	4-		
	The organization's CEO, Executive Director, or top management official	15a 15b		No No
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		.10
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
L	taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		

17	List the states with which a copy of this Fo	rm 990 is requi	ired to I	be file	ed▶		СО				
18	Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec	nake its Form 1 ction. Indicate h	023 (10	024 o 1 mad	r 10 le th	24-/	A, if a	oplic	able), 990, and 990	O-T (section	
	✓ Own website ☐ Another's website		•						• •	.,,,	
19	Describe in Schedule O whether (and if so, policy, and financial statements available to						vernin	g do	ocuments, conflict o	of interest	
20	State the name, address, and telephone no THE ORGANIZATION 885 ARAPAHOE AV								nization's books and	records:	
	PINE ORGANIZATION GGS ANNIATIOE AV	L BOOLDER,	<del>CO 003</del>	,02 (S	,03)	327	3733	<u></u>			Form <b>990</b> (2021)
				Page	7						
Form	990 (2021)										Page <b>7</b>
Pa	Compensation of Officers, D		stees	, Key	/ En	npl	oyee	s, F	lighest Comper	sated Employ	ees,
	and Independent Contractor Check if Schedule O contains a resp		any lii	ne in	this	Part	: VII .				$\square$
	ection A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd H	ligl	nest	Con	npensated Emp	loyees	
<b>1a</b> C year.	omplete this table for all persons required to	be listed. Repo	ort com	pensa	atior	n for	the c	alen	dar year ending wit	th or within the org	ganization's tax
	List all of the organization's <b>current</b> officers mpensation. Enter -0- in columns (D), (E), a							or o	organizations), rega	irdless of amount	
• I	ist all of the organization's <b>current</b> key em	ployees, if any.	See the	e inst	ructi	ions	for de		, , ,		
who	.ist the organization's five current highest or received reportable compensation (box 5 of nization and any related organizations.										000 from the
• I	ist all of the organization's <b>former</b> officers, portable compensation from the organization	key employees	, or hig	hest	com	pen	sated	emp	oloyees who receive	ed more than \$100	,000
• 1	ist all of the organization's former director	rs or trustees	that re	ceive	d, in	the					
_	nization, more than \$10,000 of reportable co the instructions for the order in which to list	•		organ	izat	ion a	and ar	ny re	elated organizations	5.	
	Check this box if neither the organization no			tion c	omp	ens	ated a	ny c	current officer, direc	ctor, or trustee.	
	(A)	(B)	Diti	/	(C)				(D)	<b>(E)</b>	(F)
	Name and title	Average hours per week (list Position (do not check mo than one box, unless personal is both an officer and a						son	Reportable compensation	Reportable compensation	Estimated amount of other
		week (list any hours	otn a direct				а	from the	from related	compensation from the	
				uneci	101/1	rust	ee)		organization	organizations	
		for related organizations						For	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
		for related			Officer			Former	(W-2/1099-	(W-2/1099-	organization and
		for related organizations below dotted		Institutional				Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
		for related organizations below dotted	Individual trust or director	Institutional Tru			Highest comper employee	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
		for related organizations below dotted		Institutional			Highest compensate	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
. ,	ANIELA IBARRA-HOWELL	for related organizations below dotted line)	Individual trustee or director	Institutional Truste	Officer		Highest compens employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099-	organization and related
	ANIELA IBARRA-HOWELL F EXECUTIVE OFFICER /	for related organizations below dotted line)	Individual trust or director	Institutional Truste			Highest compensate	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	organization and related
CHIE		for related organizations below dotted line)	Individual trustee × or director	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099-	organization and related organizations
(2) JO	EXECUTIVE OFFICER /	for related organizations below dotted line)  40.00	Individual trustee or director	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099-	organization and related
(2) JC CHAII	EXECUTIVE OFFICER /	for related organizations below dotted line)  40.00	Individual trustee × × × or director	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099-	organization and related organizations
CHIEF (2) JC CHAIL (3) JC BOAR	EXECUTIVE OFFICER / DDY BUTTERFIELD  R / SECRETARY DHN FULLERTON  D MEMBER	for related organizations below dotted line)  40.00  40.00	Individual trustee x x x	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375	(W-2/1099- MISC/1099-	organization and related organizations  0
(2) JO CHAII (3) JO BOAR (4) Al	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY	for related organizations below dotted line)  40.00  40.00	Individual trustee x x x	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375	(W-2/1099- MISC/1099-	organization and related organizations  0
CHIEF (2) JC CHAII (3) JC BOAR (4) AF	EXECUTIVE OFFICER / DDY BUTTERFIELD  R / SECRETARY DHN FULLERTON  D MEMBER  LLAN SAVORY	for related organizations below dotted line)  40.00  40.00  5.00	Individual trustee x x x x	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450	(W-2/1099- MISC/1099-	organization and related organizations  0
CHIEF (2) JC (3) JC (3) JC (4) AI (4) AI (5) JA	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY	for related organizations below dotted line)  40.00  40.00  5.00	Individual trustee x x x x	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450	(W-2/1099- MISC/1099-	organization and related organizations  0
(2) JC CHAII (3) JC BOAR (4) Al PRES: (5) JA VICE	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY DENT LSON KNOLL CHAIR /TREAS M SNYDER	for related organizations below dotted line)  40.00  40.00  5.00  1.00	Individual trustee x x x x	Institutional Truste	Officer ×		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450 0	(W-2/1099- MISC/1099-	organization and related organizations  0  0
(2) JC CHAIL (3) JC BOAR (4) Al PRES: (5) JA VICE	E EXECUTIVE OFFICER / DDY BUTTERFIELD  R / SECRETARY  DHN FULLERTON  D MEMBER  LLAN SAVORY  IDENT  ASON KNOLL  CHAIR /TREAS	for related organizations below dotted line)  40.00  40.00  5.00  1.00  40.00	Individual trustee x x x x	Institutional Truste	Officer		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450	(W-2/1099- MISC/1099-	organization and related organizations  0  0
(2) JC CHAIL (3) JC BOAR (4) Al PRES: (5) JA VICE	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY DENT LSON KNOLL CHAIR /TREAS M SNYDER	for related organizations below dotted line)  40.00  40.00  5.00  1.00  40.00	Individual trustee x x x x	Institutional Truste	Officer ×		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450 0	(W-2/1099- MISC/1099-	organization and related organizations  0  0
(2) JC CHAIL (3) JC BOAR (4) Al PRES: (5) JA VICE	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY DENT LSON KNOLL CHAIR /TREAS M SNYDER	for related organizations below dotted line)  40.00  40.00  5.00  1.00  40.00	Individual trustee x x x x	Institutional Truste	Officer ×		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450 0	(W-2/1099- MISC/1099-	organization and related organizations  0  0
(2) JC CHAIL (3) JC BOAR (4) Al PRES: (5) JA VICE	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY DENT LSON KNOLL CHAIR /TREAS M SNYDER	for related organizations below dotted line)  40.00  40.00  5.00  1.00  40.00	Individual trustee x x x x	Institutional Truste	Officer ×		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450 0	(W-2/1099- MISC/1099-	organization and related organizations  0  0
(2) JC CHAIL (3) JC BOAR (4) Al PRES: (5) JA VICE	EXECUTIVE OFFICER / DDY BUTTERFIELD R / SECRETARY DHN FULLERTON D MEMBER LLAN SAVORY DENT LSON KNOLL CHAIR /TREAS M SNYDER	for related organizations below dotted line)  40.00  40.00  5.00  1.00  40.00	Individual trustee x x x x	Institutional Truste	Officer ×		Highest compensate	Former	(W-2/1099- MISC/1099- NEC) 134,375 48,450 0	(W-2/1099- MISC/1099-	organization and related organizations  0  0

						_	$\vdash$							
		<u> </u>		ı							<u> </u>		Form <b>99</b> 0	<b>0</b> (2021)
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_					age	. 0								
Form Par	990 (2021) Section A. Officers, Direct	ors Trustee	s Kev	Fmn	ove		and	Hial	nesi	t Compensate	ed Employees	(coni	tinued)	Page <b>8</b>
ı aı	•	· I	., <b>,</b>	p					1		T	<del></del>		
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours	Positi than (		ox, u n off	t che inles ficer	ss per and	son		( <b>D</b> ) Reportable compensation from the ganization (W-	Reportable compensation from related organizations	ortable Estima ensation amount or related compens		ated of other sation the
		for related organizations below dotted line)	Individua or direct	Instituti	Officer	Key employee	Highest employe	Former	MI	2/1099- (SC/1099-NEC)	2/1099- MISC/1099-NI		organizati relate organiza	ed
			Individual trustee or director	Institutional Trustee		oloyee	Highest compensated employee							
				6			ated					<u> </u>		
												+		
												$\dashv$		
								1				$\dashv$		
								+				$\dashv$		
	ub-Total		 A .	<u>.                                    </u>			<b>*</b>					$\mp$		
	otal (add lines 1b and 1c)	· · · ·					▶			365,430		0		0
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	oove	e) wh	o rece	eive	d more than \$1	00,000			
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J	•		ee, ke	ey er	mplo	oyee,	or hi	ghes	st compensated	employee on		Yes	No
4	For any individual listed on line 1a, is organization and related organizations individual	the sum of rep	ortable	comp 0? <i>If</i>	ensa "Yes	tion," co	and omple	other	cor	mpensation fror Jule J for such	n the	3		No
5	Did any person listed on line 1a receive services rendered to the organization								_	anization or ind		5		No No
												نــــــــــــــــــــــــــــــــــــــ		_

Section B. Independent Contractors

		Name and bus	A) siness address		Descri	(B) ption of services	(C) Compensation
Total number of indepe	ndent	contractors (incl	luding but not limited	to those listed abov	e) who received mor	re than \$100,000	of
compensation from the	orgai	nization 🕨 0					Form <b>990</b> (2021
							FOITH <b>990</b> (202)
				Page 9			
000 (2021)							_
rm 990 (2021) Part VIII <b>Statemen</b>	t of l	Revenue					Page
			ponse or note to any	line in this Part VIII			$\square$
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated business	Revenue excluded from
					function	revenue	tax under section 512 - 514
🗽 derated campaigns		1a			revenue		312 - 314
Ē							
mbership dues .		1b					
mbership dues .  Indraising events .  Iated organizations  vernment grants (contri		<del></del>					
ndraising events .		1c					
.뚦							
lated organizations		1d					
*		->   -					
vernment grants (contri	ibution	s) <b>1e</b>					
All other contributions, gift	s. orar	nts.					
and similar amounts not in above							
		<u></u>					
2,236,320 Noncash contributions incl	uded ir	1 I					
lines 1a - 1f:\$		1g					
		<u></u>					
<b>h Total.</b> Add lines 1a-1f			2,236,320				
			Business Code				
2a SPECIAL PROGRAMS				159,011	159,011		
I			611430				
NETWORK MEMBERSH	IP FEE		541610	116,050	116,050		
<u> </u>				65,593	65,593		
ONLINE EDUCATIONAL	L PRO		541610	03,393	03,393		
network membersh contine educational	ORKSH	<u> </u>	611430	20,000	20,000		
			011430				
Program							
£			<del>                                     </del>				
<b>f</b> All other program s	ervice	e revenue.					
g Total. Add lines 2	a-2f <b>.</b>		360,654	1	•		•
3 Investment income			nterest, and other	43,686			43,68
similar amounts) .  4 Income from investr			nd proceeds	43,000			43,0
<b>5</b> Royalties		•	: -				
Troyantes	<u>-</u>	(i) Real	(ii) Personal	+			
	ı H	(i) iteal	(ii) i ci solidi				
<b>6a</b> Gross rents	6a						
<b>b</b> Less: rental expenses	6b						
expenses	90						
<b>c</b> Rental income							

or (loss) 6c		I	l		
d Net rental income or (loss)		1			
(i) Securities	(ii) Other				
<b>7a</b> Gross amount		1			
from sales of assets other					
than inventory		1			
<b>b</b> Less: cost or	1				
other basis and sales expenses	I				
Sales expenses		†			
c Gain or (loss) 7c	<u> </u>				
<b>d</b> Net gain or (loss)	•				
Gross income from fundraising events					
(not including \$ of contributions reported on line 1c).					
See Part IV, line 18 8a					
b Less: direct expenses 8b		1			
c Net income or (loss) from fundraising ever	nte -	J			
contributions reported on line 1c). See Part IV, line 18	its	1			
Gross income from gaming activities.					
See Part IV, line 19 9a					
<b>b</b> Less: direct expenses 9b		1			
c Net income or (loss) from gaming activities	s	1			
	• • •	1			
10aGross sales of inventory, less					
returns and allowances 10a					
<b>b</b> Less: cost of goods sold 10b		1			
c Net income or (loss) from sales of inventor	n/	J			
Miscellaneous Revenue	Business Code				
11a	Business code	1			
b					
c					
<b>d</b> All other revenue					1
e Total. Add lines 11a-11d	•				
<b>12 Total revenue.</b> See instructions					
		2,640,660	360,654	0	43,686 Form <b>990</b> (2021)
					FOIIII <b>990</b> (2021)
		Page 10 ———			
		rage 10			
Form 990 (2021)					Page <b>10</b>
Part IX Statement of Functional Expe	enses				
Section 501(c)(3) and 501(c)(4) orga	anizations must cor	mplete all columns. <i>i</i>	All other organization	ns must complete co	lumn (A).
Check if Schedule O contains a respo	nse or note to any	line in this Part IX			$\square$
Do not include amounts reported on lines 6b,	,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organ domestic governments. See Part IV, line 21					
<b>2</b> Grants and other assistance to domestic indiv Part IV, line 22					
<b>3</b> Grants and other assistance to foreign organize governments, and foreign individuals. See Parant 16	rt IV, lines 15				
and 16.					
<b>4</b> Benefits paid to or for members					
<b>5</b> Compensation of current officers, directors, tr key employees					
<b>6</b> Compensation not included above, to disquality defined under section 4958(f)(1)) and person section 4958(c)(3)(B)	s described in				

	Ī	1		1	
7 Other salaries and wages	930,864	775,051	155	5,813	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9 Other employee benefits	107,570	93,207	14	1,363	
<b>10</b> Payroll taxes	95,520	80,836	14	1,684	
11 Fees for services (non-employees):					
<b>a</b> Management	965,666	915,690	41	1,569	8,407
<b>b</b> Legal	71,995		71	1,995	
<b>c</b> Accounting	17,225		17	7,225	
<b>d</b> Lobbying					
e Professional fundraising services. See Part IV, line 17					
<b>f</b> Investment management fees	23,080		23	3,080	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column	2,956	2,956		·	
(A) amount, list line 11g expenses on Schedule O)  12 Advertising and promotion		,			
13 Office expenses	21,170		21	1,170	
14 Information technology	7,654	5,998		1,656	
15 Royalties	7,034	3,390		.,030	
·	20.202	2 261	2-	7.042	
<b>16</b> Occupancy	29,303	2,261		7,042	11.661
17 Travel	386,322	158,357	213	3,304	14,661
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .					
<b>19</b> Conferences, conventions, and meetings	4,368	4,368			
<b>20</b> Interest	11,098		11	1,098	
21 Payments to affiliates					
<b>22</b> Depreciation, depletion, and amortization	89,161		89	9,161	
23 Insurance	9,392		9	9,392	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)					
a AWARDS	708,946	708,946			
b Marketing	422,943	340,888			82,055
c TRAINING AND DEVELOPMEN	95,571	95,571			
d BAD DEBTS	38,150	38,150			
e All other expenses	3,269	782			2,487
25 Total functional expenses. Add lines 1 through 24e	4,042,223	3,223,061	711	1,552	107,610
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  ☐ if following SOP 98-2 (ASC 958-720).					
Check here				Fo	rm <b>990</b> (2021)
	– Page 11 ––––				
Form 000 (2021)					
Form 990 (2021) Part X Balance Sheet					Page <b>11</b>
Part A Darance Sneet					
Check if Schedule O contains a response or note to any	line in this Part IX		<u></u>	<u> </u>	<u>. U</u>
		(A) Beginning of year		End	<b>(B)</b> I of year
1 Cash-non-interest-bearing		359,8	373 <b>1</b>		702,903
-	•	000,0	2		702,300
2 Savings and temporary cash investments					
3 Pledges and grants receivable, net	•	500.0	3		474 744
4 Accounts receivable, net	e e e e	528,2	12 4		171,711
5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial or controlled entity or family member of any of these person	ontributor, or 35%		5		
6 Loans and other receivables from other disqualified pers					

ı	section 4330(1)(1)), and persons described in so	ecuon 4330(c)(3	ייייי	ı	6	
, ,	Notes and loans receivable, net		🗀	147,500	7	147,500
8	· ·			4,357	8	7,102
9					9	
10	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,264,933			
	<b>b</b> Less: accumulated depreciation	10b	332,942	4,864,711	10c	4,931,991
11	Investments—publicly traded securities .	LL		3,765,321	11	2,424,749
12	Investments—other securities. See Part IV, line	11			12	237,012
13	Investments—program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ	ual line 33) .		9,669,974	16	8,622,968
17				66,220	17	454,132
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	·		ıle D		21	
22						
22	employee, creator or founder, substantial contril or family member of any of these persons	butor, or 35% co	ontrolled entity		22	
23	Secured mortgages and notes payable to unrela	ited third narties			23	
24	3 3 1 7	•			24	
		•		55,827	25	626,173
25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		ed tillid parties,	00,021	23	020,176
26	<b>Total liabilities.</b> Add lines 17 through 25 .			122,047	26	1,080,30
27	Organizations that follow FASB ASC 958, ch	neck here 🕨	✓ and			
27	complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			7,313,554	27	7,502,663
28				2,234,373	28	40,000
20			—	2,204,070	20	40,000
	Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check he	re 🕨 🗌 and			
29	•		. i	i	29	
	Paid-in or capital surplus, or land, building or eq	uipment fund			30	
30 31					31	
	• • • • • • • • • • • • • • • • • • • •			9,547,927	32	7,542,663
33				9,669,974	33	8,622,968
33	Total liabilities and net assets/fund balances .			9,009,974	33	Form <b>990</b> (2021
						101111 330 (2021
		Page	e 12 ————			
m 99	0 (2021)					Page <b>1</b>
Part X						
	Check if Schedule O contains a response or no	ote to any line ir	n this Part XI	<u> </u>	<del>r i</del>	🗹
To	otal revenue (must equal Part VIII, column (A), line	12)			1	2,640,66
	otal expenses (must equal Part IX, column (A), line				2	4,042,22
	evenue less expenses. Subtract line 2 from line 1	-			3	-1,401,56
	et assets or fund balances at beginning of year (mu				4	9,547,92
	et unrealized gains (losses) on investments				5	-380,71
	onated services and use of facilities				6	300// 1
	evestment expenses				7	
	for period adjustments				8	
	ther changes in net assets or fund balances (explai				$\vdash$	222.00
Pi	mer changes in her assers or fund balances (explai	schedille ()	,		9	-222,98
Pi O	•	•	0 (must squal Dort V !	ing 32 caluma (D)\	10	
O N	et assets or fund balances at end of year. Combine	lines 3 through	9 (must equal Part X, li	ine 32, column (B))	10	7,542,66
Pi O	et assets or fund balances at end of year. Combine	lines 3 through	<u> </u>		10	7,542,66

Forn	Software Version:  1 990, Special Condition Description:  Special Condition Description			
	Software ID:			
Ad	ditional Data	Retur	n to Fo	orm
Form	990 (2021)			
		I	orm <b>99</b>	<b>0</b> (202
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	<b>2c</b>		No
	☐ Separate basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	, <b>2b</b>	Yes	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			

TIN: 45-4134319

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

		he organization					Employer identific	ation number
SAVU	KY INSI	FITUTEORG INC					45-4134319	
	rt I	Reason for Public					See instructions.	
_	rganız	ration is not a private four					(4)(1)	
1		A church, convention of	·				(A)(i).	
2		A school described in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research organisme, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b>	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۸)(v).	
7		An organization that not section 170(b)(1)(A)	(vi). (Complete	Part II.)			unit or from the genera	al public described in
8		A community trust desc	ribed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college o						ege or university or a
10	<b>✓</b>	An organization that not from activities related to investment income and 30, 1975. See <b>section</b> 9	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	ain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test for	public safety. S	ee section 509	(a)(4).	
12		An organization organizemore publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or se	ction 509(a)(2	). See section 509(a	
а		<b>Type I.</b> A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the san				
С		Type III functionally supported organization(	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
e		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determin	ation from the I		pe I, Type II, Type III	functionally
f	Enter	r the number of supported	dorganizations				· · · · · · · · <u> </u>	
g		de the following informati Name of supported		<del>'''                                  </del>	s). (iv) Is the org		(12) Amount of	(vi) Amount of
	(1)	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ing document?	(v) Amount of monetary support (see instructions)	other support (see instructions)
					Yes	No		
Tota								
For I	Paperv	work Reduction Act Not	ice, see the I	nstructions for	Cat. No. 11285	5F	Schedule	A (Form 990) 2022
Forn	1 990	or 990-EZ.						
				Par	ge 2 ———			
					•			
Sche	dule A	(Form 990) 2022						Page <b>2</b>
	rt II	<u> </u>	e for Organiz	zations Described	in Sections 1	.70(b)(1)(A)	(iv) and 170(b)(1	

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

	riciuai yeai	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	r fiscal year beginning in) Carron Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
<u> </u>	line 4.						
	Section B. Total Support		1	ı		1	ı
	lendar year r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
11	(Explain in Part VI.) <b>Total support.</b> Add lines 7 through						
	10						
	Gross receipts from related activities, o					12   501( )(2)	
13	<b>First 5 years.</b> If the Form 990 is for the this box and <b>stop here</b>						ization, check
_	Section C. Computation of Public				<u> </u>	🗾	
	Public support percentage for 2022 (lir	• •	_	column (f))		14	
	Public support percentage for 2020 Sci					15	
16	a 33 1/3% support test—2022. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this	box
	and <b>stop here.</b> The organization quali	fies as a publicly s	upported organiza	ition			🕨 🗆
	33 1/3% support test—2021. If the	-		•			
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact	<b>—2022.</b> If the org	janization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
ŀ	meets the "facts-and-circumstances" t  10%-facts-and-circumstances tes more, and if the organization meets t	t-2021. If the or	ganization did not	check a box on li	ne 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
18	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
-0	instructions		,		•		▶□
							Form 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page <b>3</b>
	Part III Support Schedule for (Complete only if you the organization fails	checked the box	k on line 10 of P	art I or if the or	rganization faile		er Part II. If
_	Section A. Public Support	to quality under	the tests listed	below, please c	ompiete i art 11.	· <i>)</i>	-
Ca	lendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 1	r fiscal year beginning in) F Gifts, grants, contributions, and	<u> </u>					
	membership fees received. (Do not	1,575,355	1,876,890	2,103,690	3,958,901	2,236,320	11,751,156
2	include any "unusual grants.") . Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in any activity that is related to the	598,160	661,584	295,193	387,127	360,654	2,302,718
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	<u>.</u>						

	organization's benefit and either paid to or expended on its behalf						Ī		
5	The value of services or facilities furnished by a governmental unit to								
_	the organization without charge	2 172 515	2 520 474	2 200 002	4.246.020	2.500.0	74	14.6	)F2 074
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and	2,173,515	2,538,474	2,398,883	4,346,028	2,596,9	74	14,0	053,874
h	3 received from disqualified persons Amounts included on lines 2 and 3								
	received from other than disqualified								0
	persons that exceed the greater of \$5,000 or 1% of the amount on line								U
c	13 for the year. Add lines 7a and 7b								0
8	<b>Public support.</b> (Subtract line 7c from line 6.)							14,0	53,874
Se	ection B. Total Support						<u> </u>		
	endar year	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f)	Total	
9	fiscal year beginning in) Amounts from line 6	2,173,515	2,538,474	2,398,883	4,346,028	2,596,9	74	14,0	53,874
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and	35,674	38,684	30,160	30,134	43,6	86	1	178,338
b	income from similar sources Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
_	1975. Add lines 10a and 10b.	35,674	38.684	30,160	30,134	43,6	86	1	178,338
c 11	Net income from unrelated business	33,074	30,004	30,100	30,134	43,0	00		.70,550
	activities not included on line 10b, whether or not the business is								
12	regularly carried on. Other income. Do not include gain								
12	or loss from the sale of capital								
13	assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,	2,209,189	2,577,158	2,429,043	4,376,162	2,640,6	60	14.2	232,212
14	11, and 12.) First 5 years. If the Form 990 is for								
	this box and <b>stop here</b>	_			•		_		▶ □
	ection C. Computation of Public Public support percentage for 2022 (li	Support Perce	entage	column (f))		T 1			====
15 16	Public support percentage from 2022 (III					15 16			750 % 780 %
	ection D. Computation of Invest					1 - 0			700 70
17	Investment income percentage for 20	•		•		17			250 %
18	Investment income percentage from 2 33 1/3% support tests-2022. If the		•			18 18 and	ino 17		220 %
19a	more than 33 1/3%, check this box an								
b	<b>33</b> 1/3% support tests—2021. If th	e organization did	not check a box	on line 14 or line :	19a, and line $16$ is	more than 33	1/3% ar	nd line :	18 is
20	not more than 33 1/3%, check this box							_	
	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 14,	19a, or 19b, check	this box and see	Schedule A			2022
							•	,	
			Page 4						
			Page 4						
Sche	dule A (Form 990) 2022		Page 4					Pa	age <b>4</b>
	t IV Supporting Organization	_		ecked hov 12a of	· Part I complete	Sections A and	B. If yo		
	**Supporting Organization (Complete only if you checked box 12b, of Part I, complete So	a box on line 12 ections A and C. I	of Part I. If you ch					u checl	ked
Par	(Complete only if you checked box 12b, of Part I, complete So 12d, of Part I, complete Section	a box on line 12 o ections A and C. I ons A and D, and c	of Part I. If you ch					u checl	ked
Par	**Supporting Organization (Complete only if you checked box 12b, of Part I, complete So	a box on line 12 o ections A and C. I ons A and D, and c	of Part I. If you ch					u checl	ked
Par	(Complete only if you checked box 12b, of Part I, complete Sociol 2d, of Part II of the Organization's supported If "No," describe in Part II how the Sociol 2d	a box on line 12 of ections A and C. I ons A and D, and constant of ections and constant of ections and constant of ections and ections lists of ections are entirely	of Part I. If you ch f you checked box complete Part V.) ted by name in the ations are designa	12c, of Part I, co	mplete Sections A	, D, and E. If you	ou chec	u check ked box	ked x
Se 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete S 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the designation. If historic and supporting Organization is supported to the designation. If historic and supported in Part VI how the section is supported to the designation. If historic and supported in Part VI how the section is supported to the designation.	a box on line 12 dections A and C. I ans A and D, and cozations  d organizations list supported organization	of Part I. If you ch f you checked box complete Part V.) ted by name in the ations are designa tionship, explain.	e organization's go	overning documen	, D, and E. If you		u check ked box	ked x
Par	(Complete only if you checked box 12b, of Part I, complete Sociol 2d, of Part II of the Organization's supported If "No," describe in Part II how the Sociol 2d	a box on line 12 dections A and C. I ens A and D, and cozations  d organizations list supported organization related organization teams.	of Part I. If you che f you checked box complete Part V.)  ted by name in the ations are designationship, explain.  that does not have	an IRS determina	overning document by class or purpo	ts?	ou chec	u check ked box	ked x
Se 1	(Complete only if you checked box 12b, of Part I, complete Solution 12d, of Part I, complete Solution A. All Supporting Organization's supported If "No," describe in Part VI how the section the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in the section of the designation in the section of the organization have any support 509(a)(1) or (2)? If "Yes," explain in the section of the organization have any support solution of the organization of the organization have any support solution of the organization of the organi	a box on line 12 of ections A and C. I ons A and D, and of exations  I organizations list supported organization of continuing related organization to the example of the e	of Part I. If you che f you checked box complete Part V.)  ted by name in the ations are designationship, explain. That does not have organization determined to the companization determined to the program of the companization determined to the companizat	e organization's go ted. If designated an IRS determina mined that the sup	overning document by class or purposetion of status uncertainty	ts? se, ler section	1 2	u check ked box	ked x
See 1	Supporting Organization (Complete only if you checked box 12b, of Part I, complete S. 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported of "No," describe in Part VI how the section the describe the designation. If historic all Did the organization have any supported to the organization of th	a box on line 12 of ections A and C. I ons A and D, and continuing related organization to the continuing related organization to the continuing related organization design of the continuing related organization design org	of Part I. If you che f you checked box complete Part V.)  ted by name in the ations are designationship, explain. That does not have be organization determinations in section.	e organization's go ted. If designated an IRS determina mined that the su 501(c)(4), (5), or	overning document by class or purposetion of status uncertain of s	ts? se, ler section ion was wer lines 3b and	1 2 3a	u check ked box	ked x
See 1 2	Complete only if you checked box 12b, of Part I, complete Section A. All Supporting Organization and I supported	a box on line 12 of ections A and C. I ons A and D, and continuing related organization to the continuing related organization to the continuing related organization design of the continuing related organization design org	of Part I. If you che f you checked box complete Part V.)  ted by name in the ations are designationship, explain. That does not have be organization determinations in section.	e organization's go ted. If designated an IRS determina mined that the su 501(c)(4), (5), or	overning document by class or purposetion of status uncertain of s	ts? ler section ion was  ver lines 3b and and satisfied on made the	1 2	u check ked box	ked x

С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
_	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
c	organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	30		
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in			
	section $4958(c)(3)(C)$ ), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"			
	provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
	in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A	10b	. 000)	2022
	Schedule A	(FOIII	1 990)	2022
	Page 5 ————			
	t IV Supporting Organizations (continued)		F	Page <b>5</b>
1 (11	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11a		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	VI. ection B. Type I Supporting Organizations			
	Did the officers directors tructors or mambauchin of an automated automated automated automated		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.	_		
Se	ection C. Type II Supporting Organizations		Yes	No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
			portou organization(o).			
<u>Se</u>	ction D. All Type III Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the the or	prior tax year, (ii) a copy of the			
	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 el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in <b>Part VI</b> how the	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant					
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.					
Se	ction E. Type III Functionally-Integrated Supporting Organizations					
1 a b				ions):		
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u cun	ported a government entity (see	inctru	ctions)	
·	The organization supported a governmental entity. Describe in <b>Part VI</b> now yo	յս Տսբլ	orted a government entity (see	ilistiu	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
а	Did substantially all of the organization's activities during the tax year directly further	the ex	remnt nurnoses of the		163	140
_	supported organization(s) to which the organization was responsive? If "Yes," then in <b>organizations and explain</b> how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	Part \	/I identify those supported how the organization was			
	substantially all of its activities.			2a		
b	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the					
	organization's involvement.			2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>					
	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	·	·	3a		
b	Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? <i>If "Yes," describe in Part VI. the role played by the organizations?</i>					
	- Capported organizations in 100, december in 1010 121 the 1010 played by the organiza-		Schedule A	3b	- 000)	2022
			Schedule A	(FUIII	1 990)	2022
	Page 6 ————					
Sched	dule A (Form 990) 2022					Page <b>6</b>
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			age •
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			/T) Se		
	instructions. All other Type III non-functionally integrated supporting organization					
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	ır
	No. 1. de la constant			(Opti	onar)	
	Net short-term capital gain	2				
	Recoveries of prior-year distributions					
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	5				
	Depreciation and depletion					
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		rent Yea onal)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				

			_			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt use	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount, see				
	instructions).		4			
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			0 111
	Section C - Distributable Amount					Current Year
	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
	Enter 85% of line 1	line 9. Column A)	3			
3 	Minimum asset amount for prior year (from Section B, Enter greater of line 2 or line 3	ille 6, Coluitiii A)	4			
	Income tax imposed in prior year		5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, u	nless subject to emergency	6			_
	temporary reduction (see instructions)	mess subject to emergency				
7	Check here if the current year is the organizatio instructions)	n's first as a non-functionally-i	ntegrat	ed Type III supp		
					Sch	nedule A (Form 990) 2022
		Page 7				
		. age /				
Sched	lule A (Form 990) 2022					Page <b>7</b>
Par	<del>`</del>	509(a)(3) Supporting (	Organi	zations (con	tinued)	
Sec	tion D - Distributions	( ) ( ) ( )				Current Year
1 /	Amounts paid to supported organizations to accomplish	evemnt nurnoses			1	
				-ti i	-	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3 /	Administrative expenses paid to accomplish exempt pur	poses of supported organizatio	ns		3	
4 /	Amounts paid to acquire exempt-use assets				4	
5 (	Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )			5	
6 (	Other distributions (describe in <b>Part VI</b> ). See instructio	ns			6	
	otal annual distributions. Add lines 1 through 6.				7	
8 [	Distributions to attentive supported organizations to wh	ich the organization is respons	ive ( <i>pro</i>	ovide	8	
	Distributable amount for 2022 from Section C, line 6				9	
	ine 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations	(i)		(ii)		(iii)
	(see instructions)	Excess Distributions	Und	derdistributior Pre-2022	ıs	Distributable Amount for 2022
<b>1</b> D	sistributable amount for 2022 from Section C, line 6			-		
	nderdistributions, if any, for years prior to 2022					
(ı S	reasonable cause required explain in <b>Part VI</b> ). ee instructions.					
	xcess distributions carryover, if any, to 2022:					
	From 2017					
	From 2018					
d	From 2020					
	From 2021					
	otal of lines 3a through e Applied to underdistributions of prior years					
	Applied to underdistributions of prior years  Applied to 2022 distributable amount					
i (	Carryover from 2017 not applied (see					
	nstructions) emainder. Subtract lines 3g, 3h, and 3i from line 3f.					
	stributions for 2022 from Section D, line 7:					
	Applied to underdistributions of prior years					

Î.	Ī	1
		Schedule A (Form 990) (2022)
9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b,	11c; Part IV, Section B, lines 1 a Ba and 3b; Part V, line 1; Part V,	and 2; Part IV, Section C, line 1; Section B, line 1e; Part V
acts And Circumstan	ces Test	
	Explanation	
		Schedule A (Form 990) 2022
		Return to Form
	9b, 9c, 11a, 11b, and on E, lines 1c, 2a, 2b, 3 n E, lines 2, 5, and 6. A	anations required by Part II, line 10; Part II, line 17a 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 an E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, E, lines 2, 5, and 6. Also complete this part for any an extended and Circumstances Test

Software ID: Software Version:

Schedule B	er ObjectId: 202303109349300820 - S	ubmission: 2023-11-06	TIN: 45-4134319			
	Schedule	of Contributors	OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service	epartment of the Treasury Go to www.irs.gov/Form990 for the latest information.					
Name of the organization		En	nployer identification number			
SAVORY INSTITUTEORG IN		45	-4134319			
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organ	nization				
	4947(a)(1) nonexempt charitable	le trust <b>not</b> treated as a private foundation				
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation	ation				
	4947(a)(1) nonexempt charitabl	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private founda	☐ 501(c)(3) taxable private foundation				
money or other contributions.  Special Rules  For an organization under sections 50 received from any	property) from any one contributor. Comp on described in section 501(c)(3) filing For 19(a)(1) and 170(b)(1)(A)(vi), that checked one contributor, during the year, total cor	nat received, during the year, contributions olete Parts I and II. See instructions for determined on the second of the second of the second of the greater of (1) \$5,000 or (2)	ermining a contributor's total			
	e 1h, or (ii) Form 990-EZ, line 1. Complete	e Parts I and II.	2) 2% of the amount on (i) Form			
For an organization during the year, to purposes, or for the	on described in section 501(c)(7), (8), or (otal contributions of more than \$1,000 excepted prevention of cruelty to children or animon described in section 501(c)(7), (8), or (	(10) filing Form 990 or 990-EZ that received	d from any one contributor, literary, or educational d from any one contributor,			
For an organization during the year, to purposes, or for the For an organization during the year, or If this box is check purpose. Don't concelligious, charitable Caution: An organization 990-EZ, or 990-PF), but in	on described in section 501(c)(7), (8), or (otal contributions of more than \$1,000 excepte prevention of cruelty to children or animon described in section 501(c)(7), (8), or (ontributions exclusively for religious, charked, enter here the total contributions that mplete any of the parts unless the <b>Gener</b> le, etc., contributions totaling \$5,000 or mathat isn't covered by the General Rule are the must answer "No" on Part IV, line 2, of it	clusively for religious, charitable, scientific, mals. Complete Parts I, II, and III.	d from any one contributor, literary, or educational  d from any one contributor, utions totaled more than \$1,000. usively religious, charitable, etc. se it received nonexclusively  le B (Form 990, its Form 990-EZ			

Schedule B (Form 990) (2022)

Page 2

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional spaces	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash
			schedule B (Form 990) (2022
Schedule R	(Form 990) (2022)		Page
Name of orga		Employer identification	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	45-4134319	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-				\$
(a) No. from Part I			(c) FMV (or estimated (See instruction	
-				<u> </u>
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instruction	
-				\$
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instruction	
-				
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instruction	
-				\$
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instruction	
-				<u> </u>
	B (Form 990) (2022)	Page 4	I sunday	Schedule B (Form 990) (2022)  Page 4
	rganization NSTITUTEORG INC		45-4134	er identification number 1319
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) the total of exclusively religious, claractions.)   \$	rough (e) and the f	ollowing line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-	Transferee's name, address, and a	(e) Transfer of gift	Relationship of trans	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of trans	sferor to transferee
(a)				
No from	(b) Durnoss of sift	(a) Has of sift	\4\	Description of how sift is hold

Part I	(b) Purpose of glit	(c) Use of glit	(a) Description of now girt is neid
· <u>  =</u>	Transferee's name, address, and 2	(e) Transfer of gift IP 4 Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· <u>=</u>	Transferee's name, address, and 2	(e) Transfer of gift (IP 4 Rela	ationship of transferor to transferee
			Schedule B (Form 990) (2022)

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**Additional Data** 

efile Public Visual Render

ObjectId: 202303109349300820 - Submission: 2023-11-06

TIN: 45-4134319

#### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990. 
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization ORY INSTITUTEORG INC		Employer identification number
5, (	oki horrotesko me		45-4134319
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donoritable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose o	
Pa	<b>Conservation Easements.</b> Complete if the organization answered "Yes	es" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the orga	, , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (e.g., recreation	n or education)	historically important land area
	Protection of natural habitat		certified historic structure
		_ Treservation of a c	tertined historic structure
_	Preservation of open space	and the time to the first term to	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	rm of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histor		2c
d	Number of conservation easements included in (c) acqu	* *	2d
_	structure listed in the National Register	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3	Number of conservation easements modified, transferre tax year	ed, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservation	on easement is located 🕨	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 1	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	servation easements in its revenue and expense footnote to the organization's financial state	nse statement, and
Pa	t III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Ye	, ,	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		🕨 \$
	ii)Assets included in Form 990, Part X		· ———
	If the organization received or held works of art, histori		
2	following amounts required to be reported under FASB	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>P</b> ֆ

Schedule D (Form 990) 2021 Page **2** 

Par	rt III Organizations Maintaining Co	llections of Art. I	listori	cal Tr	easures, o	r Other	Similar Ass	ets (contin	ued)
3	Using the organization's acquisition, accessio items (check all that apply):								
а	Public exhibition		d		Loan or exch	ange prog	rams		
b	Scholarly research		е		Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIII.	llections and explain	how the	y furthe	er the organi	zation's ex	empt purpose	e in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							Yes	□ No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990,	, Part I	V, line 9, o	r reporte	d an amount	on Form	990, Part X,
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?							☐ Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	tahle:			Am	ount	
c	Beginning balance	•	-			1c		June	
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 000 Part V lino	21 for (	occrow	or custodial	account lia	hility2	□ vaa	□ No
2a b	•		•				•		U NO
	art V Endowment Funds.	. Check here if the e	хріанаці	JII IIas I	Jeen provide	u III Pait A			-
FC	Complete if the organization answ	wered "Yes" on For	m 990,	Part I	V, line 10.				
		(a) Current year		rior year		years back	(d) Three years	s back (e) Fo	our years back
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2 a	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balance	(line 1g	, colum	nn (a)) held a	as:			
b	Permanent endowment								
С	Term endowment 🕨								
	The percentages on lines 2a, 2b, and 2c shou	•							
За	Are there endowment funds not in the posses organization by:	ssion of the organiza	tion that	are he	ld and admir	nistered fo	r the		Yes No
	(i) Unrelated organizations			•				3a(i)	
b	(ii) Related organizations							3a(ii) 3b	
4	Describe in Part XIII the intended uses of the							36	
	rt VI Land, Buildings, and Equipme	3							
	Complete if the organization answ	wered "Yes" on For	m 990,	, Part I	V, line 11a	. See For	m 990, Part	X, line 10.	
	Description of property (a) Cost or ot (investme		or other	basis (ot	ther) (c) Ac	cumulated d	epreciation	( <b>d</b> ) Boo	ok value
1a	Land			4,481	,000				4,481,000
b	Buildings								
c	Leasehold improvements								
d	Equipment			745	5,533		320,782		424,751
e	Other			38	3,400		12,160		26,240
	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colui	mn (B),	line 10(c).)		<b>&gt;</b>		4,931,991

(including name of security)  (including name of security value  (including name of security)  (including name of security value  (including name of security)  (including name of security value  (inclu	Complete if the organization answered "Yes" on Form 990,		line 11b.See Fo		
(2) Closely-held equity interests   (A)   (B)   (B)   (B)   (C)	(a) Description of security or category (including name of security)				
(3) Other — (A) (B) (B) (C) (C) (C) (D) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives				
(C) (C) (C) (D) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
C	(A)				
(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(B)				
(F) (F) (F) (G) (G) (H)  Total. (Column (p) must equal Form 990, Part X, col. (8) line 12.)  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IX, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or enti-oryear market value (1)  (2) (3) (4) (5) (6) (7) (8) (9)  Part X  Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  (b) Book value (1)  (c) (d) (d) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(C)				
Fotal (Column (b) must equal Form 990, Part X, col. (8) line 12.)	(D)				
Complete if the organization answered "Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.	(E)				
Part VIII	(F)				
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12.)  Part VIII  Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (d)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  (b) Book value  (c)  (d)  (e)  (f)  (g)  (g)  (g)  (h)  (g)  (h)  (h)  (h	(G)				
Investments - Program Related.   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H) 				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value	Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  (a) Description (b) must equal Form 990, Part X, col.(B) line 15.)  (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c)  (6)  (7)  (8)  (9)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 116. See Form 990, Part X, line 25.		Part IV.	line 11c. See Fo	orm 990. Part )	(. line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18		1 41 6 1 47		(c) Met	hod of valuation:
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, Line 25.	(1)				•
(4) (5) (6) (7) (8) (9)    Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part X Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.	(5)				
(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.	(6)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(7)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.	(8)				
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(a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.		art IV I	ine 11d See For	m 990 Part X li	ne 15
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.		arc IV, I	110. 300 1011	111 990, Full X, III	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(3)				
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(8)  (9)  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(6)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(7)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(8)				
Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.	(9)				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25.					
(a) Developing of Paletting		ort TV '	ino 110 or 115 C	'00 Form 000	Dart V line 35
	(-) Described as a Climbidge.	art IV, I	me 11e or 11f.S	ee rorm 990,	

1) rederal ilicollie taxes  3)				
4)				
*)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(l	B) line 25.)		<b>•</b>	626,173
Liability for uncertain tax positions. In Part X	(III, provide the text of the footnot	e to the organization's financial	statements that r	eports the
rganization's liability for uncertain tax position	ıs under FIN 48 (ASC 740). Check İ	here if the text of the footnote h	nas been provided	in Part XIII 🔽
			Schedule D	(Form 990) 2021
	——————— Page 4 —			
chedule D (Form 990) 2021				Page <b>4</b>
	per Audited Financial State		r Return.	
·	answered 'Yes' on Form 990, F	•	1	2 042 070
Total revenue, gains, and other support p  Amounts included on line 1 but not on Fo			-	2,013,879
Net unrealized gains (losses) on investment		<b>2a</b> -380	713	
<b>b</b> Donated services and use of facilities .		2b	,715	
c Recoveries of prior year grants		2c	_	
<b>d</b> Other (Describe in Part XIII.)		2d -222	,988	
e Add lines 2a through 2d			2e	-603,701
Subtract line <b>2e</b> from line <b>1</b>			3	2,617,580
Amounts included on Form 990, Part VIII	$i$ , line 12, but not on line $oldsymbol{1}$ :			
a Investment expenses not included on For	rm 990, Part VIII, line 7b .	<b>4a</b> 23,	,080,	
<b>b</b> Other (Describe in Part XIII.)		4b		
c Add lines 4a and 4b			4c	23,080
Total revenue. Add lines <b>3</b> and <b>4c.</b> (This	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5	2,640,660
	s per Audited Financial Stat answered 'Yes' on Form 990, F		er Return.	
Total expenses and losses per audited fin			1	4,019,143
Amounts included on line 1 but not on Fo	orm 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities .		2a		
<b>b</b> Prior year adjustments		2b		
c Other losses		2c		
<b>d</b> Other (Describe in Part XIII.)		2d		
e Add lines 2a through 2d			2e	0
Subtract line <b>2e</b> from line <b>1</b>			3	4,019,143
<ul> <li>Amounts included on Form 990, Part IX,</li> <li>Investment expenses not included on Form</li> </ul>	•	42   22	080	
<b>a</b> Investment expenses not included on Follows <b>b</b> Other (Describe in Part XIII.)		4a 23,	080	
c Add lines 4a and 4b			4c	23,080
Total expenses. Add lines <b>3</b> and <b>4c.</b> (This			5	4,042,223
Part XIII Supplemental Informati		- ,		,,,,,
Provide the descriptions required for Part II, li ines 2d and 4b; and Part XII, lines 2d and 4b			Part V, line 4; Part	X, line 2; Part XI,
Return Reference		Explanatio	n	
PART X, LINE 2:		S THE PROVISIONS OF FASB AS		
		IITION THRESHOLD AND MEASUTION AND MEASUREMENT OF A T		
	TAKEN IN A TAX RETURI	N. THIS STANDARD ALSO PROV	IDES GUIDANCE	ON DERECOGNITIO
		REST AND PENALTIES, ACCOUN THE YEARS ENDED DECEMBER		
	DOES NOT BELIEVE IT H	HAS ANY UNCERTAIN TAX POSI	ΓΙΟ̈́NS OR ANY RE	LATED PENALTIES A
	FINANCIAL STATEMENTS	NO RECOGNITION OF UNCERTA S.	IIN IAX PUSITION	3 13 KELLECTED IN

Additional Data Return to Form

Software ID: Software Version:

efile Public Visual Render

ObjectId: 202303109349300820 - Submission: 2023-11-06

TIN: 45-4134319 OMB No. 1545-0047

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2021

Open to Public Inspection

Name of the organization SAVORY INSTITUTEORG INC

Employer identification number

45-4134319

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT AND THE BOARD REVIEW THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REVIEWS TRANSACTIONS THAT ARE BETWEEN THE ORGANIZATION AND THE DIRECTORS AND/OR KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19	ORGANIZATION WILL MAKE FORM 1023 AND 990 AVAILABLE FOR PUBLIC INSPECTION ON THE ORGANIZATION WEBSITE
FORM 990, PART XI, LINE 9:	EQUITY IN THE LOSS OF SUBSIDIARY -222,988.
PART XII, LINE 2 EXPLANATION	NO CHANGES.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render ObjectId: 202303109349300820 - Submission: 2023-11-06

TIN: 45-4134319

OMB No. 1545-0047

2022 Open to Public

### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

																	Ins	pec	tion	
Name of the	e organization													lentifi	cation	numbe	er			
Part T	Identification	of Disregarded Ent	ities. Complete if	the organ	nization	answ	ered "Yes	" on F	orm	990 Par	t IV line 3		134319							
raiti		fication of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part  (a) (b) (c) dress, and EIN (if applicable) of disregarded entity  Legal domicile (state											) (e)					(f)		
	Name, address, and	l EIN (if applicable) of disrega	arded entity		Prir	mary ac	tivity	Legal or fo	l domic oreign	tile (state country)	state Total incor try)		me End-of-year a		d-of-year assets		Direct contr entity			
	Part II Identification of related tax-exem  Name, address, and  Part II Identification of related tax-exem  Name, address, and  Name, address, and  Name, address, and  Part II Identification of related tax-exem  Name, address, and  Name, address, and  Cochedule R (Form 990) 2021  Part III Identification of one or more related tax-exem  Name, address, and  Name, address, and																			
Part II Identification or related tax-exem Name, address, and  For Paperwork Reduction Act Schedule R (Form 990) 2021 Part III Identification of one or more relation of the part of the p																				
Part II	Identification	of Related Tax-Exer	npt Organization	s. Compl	ete if th	ne org	anization	answe	ered	"Yes" on	Form 990	, Part I'	V, line 3	34 bec	cause it	t had o	one (	or m	ore	
		npt organizations duri		T	(b)			c)		(d			(e)			(f)		_	(9	g)
Name, address, and EIN of related organization			Prim	ary activit	y	Legal dom			Exempt Code section Pr		Public c	Public charity status (if section 501(c)(3))		Dire	Direct controlling entity		9	Section (13) co	512(b introlle	
																		_	Yes	No
																	-		-	
																		_		ļ
																		-		
																		_		ļ
For Paper	work Reduction Ac	ct Notice, see the Instr	uctions for Form 99	00.			Ca	t. No. 5	50135	Ϋ́					Sched	dule R	(For	m 99	90) 20	)21
			Page	2 ——																
Schedule R	(Form 990) 2021																		Pag	je <b>2</b>
Part III		of Related Organiza ated organizations trea						e orga	anizat	ion answ	ered "Yes	" on Fo	rm 990	, Part	IV, line	e 34, t	eca	use i	it had	ļ
	Nam	(a) e, address, and EIN of	· · · · · · · · · · · · · · · · · · ·	(b Primary		(c) Legal	(d) Direct		(e	e) ninant	(f) Share of	(g) Share of	() Disprop	<b>h)</b> ortionate	(i) Code \	) /-UBI (	(j) Genera	i al or	(Ferce	k) entage
		elated organization			c	domicile (state		ng income unre excluded under		related, to ated,	otal income e			allocations?		nt in 0 of	mana partn	ging		ership
						or foreign country)				ections 514)					Schedu (Form	1065)				
													Yes	No			Yes	No		
				CONSULTI	NG	FL	N/A							No				No		
STUART, FL	34994																			
-																		+		
	T.1	(Bilitado				_		.1.:	.c				<u> </u>		000 -					
Part IV	because it had o	of Related Organiza one or more related or												rorm	990, P	art IV,	ııne			
	(a) Name, address, and E	IN of	(b) Primary activity		(c Leg domi	gal		(d Direct co	ntrollir	g Type o	f entity Sh	(f) are of total	al Shar	(g) e of end	i-of-	(h Percer	itage		(i Section (13) co	512(b
related organization		лі				iiciie r foreign ntry)	1	entity		(C corp,	S corp, income		year assets			owner			(13) co enti	ity?

(1)LAND TO MARKET PBC INC	REGENERATIVE SOU	IRCING	CO		SAVORY		С	649	,128	294,577	100.000	1 %		No
885 ARAPAHOE AVE	VERIFICATION				INSTITU INC	JTEORG								
BOULDER, CO 80302 88-2589299														
														ļ
										Sch	edule R	Form 9	90) 2	021
	Pa	ige 3 -											JU, _	
Schedule R (Form 990) 2021		J												-
Part V Transactions With Related Organ	nizations Comple	ata if tl	ne organizatio	n answer	rad "Vac"	on Form	QQN Par	· IV line 34	35h or	36			Pag	ge <b>3</b>
Note. Complete line 1 if any entity is listed in P.				JII aliswei	ieu ies	011 1 01111	990, Fair	. 1v, iiie 54,	33b, 0i	50.			Yes	No
1 During the tax year, did the organization engage i				e or more	related or	ganizations	listed in F	Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royali	ies, or (iv) rent from	m a con	trolled entity .			·						1a		No
<b>b</b> Gift, grant, or capital contribution to related org												1b	Yes	
c Gift, grant, or capital contribution from related												1c		No
<b>d</b> Loans or loan guarantees to or for related organ												1d		No
e Loans or loan guarantees by related organization												1e		No
e Edulis of four guarantees by related organization	(3)	•							•					
<b>f</b> Dividends from related organization(s)												1f		No
									•			1g		No
									•			1h		No
h Purchase of assets from related organization(s)										•		1i		No
i Exchange of assets with related organization(s)										•				
<b>j</b> Lease of facilities, equipment, or other assets to	related organization	n(s) .										1j		No
<b>k</b> Lease of facilities, equipment, or other assets for	om related organiza	ation(s)										1k		No
I Performance of services or membership or funda	aising solicitations f	for relat	ed organization	(s)								11		No
m Performance of services or membership or fund	raising solicitations h	by relate	ed organization	(s)								1m	Yes	
n Sharing of facilities, equipment, mailing lists, or	other assets with re	elated o	rganization(s)									1n		No
Sharing of paid employees with related organize	ation(s)											10	Yes	
p Reimbursement paid to related organization(s)	for expenses											1р		No
Reimbursement paid by related organization(s)	•										-	1q		No
A Reimbursement paid by related organization(s)	TOT EXPENSES : :										•			
r Other transfer of cash or property to related org	anization(s)											1r		No
											•	1s		No
<b>s</b> Other transfer of cash or property from related	· · ·							· · ·	• •		•	15		NO
2 If the answer to any of the above is "Yes," see t	ne instructions for ir	nformat	ion on who mu:	st complete	e this line,			lationships and	l transac	tion threshol				
() Name of relate						(b) Transact	tion	(c) Amount involve	ıd	Method of d	(d)	amount ir	volved	
	a organization					type (a					ctermining	announc n	voived	
(1)SAVORY & BUTTERFIELD LLC						М		96,900	PAI	)				
(2)LAND TO MARKET PBC LLC						В		460,000	PAI	)				
(3)LAND TO MARKET PBC LLC						0		209,993	PAI	)				
										Sch	edule R	Form 9	90) 2	021
	Pa	ige 4 -												
Schedule R (Form 990) 2021													Pac	qe <b>4</b>
	lo ac a Bartina	hir C	mnlete :f +l	organi-	tion ===	wored IIV	n" on F-	m 000 P'	T\/ 1:	27			. 49	
Provide the following information for each entity taxed											assets or o	ross rev	enue)	that
was not a related organization. See instructions regard					uuccu III	c chan nv	- percent	activities	,casu	. 24 27 (0(4) 6	.55565 01 9	. 555 161	Juc)	
(a)	(b)	(c)	(d)	(•	e)	(f)	(g)	(h)	)	(i)	(j	) .	(	(k)
Name, address, and EIN of entity	Primary activity d	Legal domicile	Predominant income	Are all p	partners ction	Share of total	Share of end-of-ye			Code V-UBI amount in	Gener mana			entage ership
	(5	state or	(related,	501(	(c)(3)	income	assets			box 20	parti			-
		foreign country)	unrelated, excluded from	organiz	zations?		1			of Schedule K-1				
			tax under sections 512-				1			(Form 1065)				
			514)	Yes	p	+	1	V	N -	1	V	N	1	
	+		1	res	No	-	1	Yes	No	-	Yes	No	<u> </u>	
	+		1				1			1	<u> </u>		-	
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Part VII	Supplemental Info		ses to questin	ons on Sche	dule R. See in	structions							
Schedule R (Fo		rmation											Page <b>5</b>
Schodulo B /Fo	rm 000) 2021			Page 5 —									, <u>-</u>
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