#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form **991** 

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)

OMB No. 1545-0047

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

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

Open to Public Inspection

Α	For th	ne 20	021 calendar year, or tax year beginning	and	ending	_			
В	Check i applical	f ole:	C Name of organization			D Employer ide	entific	cation number	
	Addr	ess	SAVORY INSTITUTE.ORG, INC.						
F	Nam	е	Doing business as			45-413431	L9		
F	nitia	Ī	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite			•	
F	Final		885 ARAPAHOE AVE	ivered to entert address,	T TO OTTI, OUTCO	303-327-9			
	term ated	in-	City or town, state or province, country, and	7IP or foreign postal code		G Gross receipts \$		4 3	76,162.
		nded	BOULDER, CO 80302	Zii or foreign pootal oodo		H(a) Is this a gro	up re		
F	Appl		F Name and address of principal officer:JIM S	SNYDER		for subordir			X No
	pend	ling	SAME AS C ABOVE			H(b) Are all subordir			□ No
$\overline{\mathbf{T}}$	Tax-e	kem	ot status: X 501(c)(3) 501(c) ( )	◀ (insert no.) 4947(a)(1)	or 527	<b>⊣</b> ''		list. See instructi	
			SAVORYINSTITUTE.ORG	( ) ( )		H(c) Group exer			
				sociation Other	<b>L</b> Year	of formation: 2012		State of legal don	nicile: CO
			ummary		•		•	J	
0	1	Bri	efly describe the organization's mission or most	significant activities: THE MI	SSION OF	THE ORGANIZAT	ION		
Governance			TO RESTORE THE VAST GRASSLANDS OF						
ř.	2	Ch	eck this box 🕨 🔲 if the organization discor	ntinued its operations or dispo	sed of mor	e than 25% of its r	net as	sets.	
Š	3	Nu	mber of voting members of the governing body	(Part VI, line 1a)			3		5
<u>م</u>	4		mber of independent voting members of the gov				4		4
es	5	To	al number of individuals employed in calendar y	vear 2021 (Part V, line 2a)			5		12
Ϋ́	6	To	al number of volunteers (estimate if necessary)				6		0
Activities	7 a		al unrelated business revenue from Part VIII, co				7a		0.
_	h	Ne	t unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>		7b		0.
						Prior Year		Current Ye	ear
ě	8	Со	ntributions and grants (Part VIII, line 1h)			2,103,6	-		58,901.
ēn	9					295,1	_	3	87,127.
Revenue	10		estment income (Part VIII, column (A), lines 3, 4,			30,1			30,134.
_	11	Otl	ner revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			0.		0.
	12		al revenue - add lines 8 through 11 (must equal			2,429,0		4,3	76,162.
	13		ants and similar amounts paid (Part IX, column (				0.		0.
	14		nefits paid to or for members (Part IX, column (A				0.		0.
ses	15		aries, other compensation, employee benefits (F			967,4		1,2	06,588.
Expenses	16a		ofessional fundraising fees (Part IX, column (A), I				0.		0.
Ä	k		al fundraising expenses (Part IX, column (D), line		834.	1 040 (	146	1.0	F.4. F.F.0
_	17		ner expenses (Part IX, column (A), lines 11a-11d			1,048,8	_		54,579.
	1		ral expenses. Add lines 13-17 (must equal Part I			2,016,2			61,167.
<u></u>	19	Re	venue less expenses. Subtract line 18 from line	12		412,7	$\overline{}$		14,995.
ts o		Т-4	in and the (Dort V. line 10)			eginning of Current \ 8 , 482 , 2	$\overline{}$	End of Ye	ar 69,974.
ASSE	20					363,4		-	22,047.
Net Assets or	21		al liabilities (Part X, line 26) t assets or fund balances. Subtract line 21 from	lino 20		8,118,	-		47,927.
P	art II		Bignature Block	IIII 20		0,220,		-,-	<u> </u>
			s of perjury, I declare that I have examined this return,	including accompanying schedule	s and staten	nents, and to the best	of my	/ knowledge and be	elief, it is
			nd complete. Declaration of preparer (other than office				-		ŕ
Sig	jn		Signature of officer			Date			
Не			JIM SNYDER, CFO						
			Type or print name and title						
		Pr	int/Type preparer's name	Preparer's signature		Date Che	ck	PTIN	
Pai	d	GΨ	Y SCOFIELD	GUY SCOFIELD		08/26/22 If self-	employe	ed ₽00369872	
Pre	parer	Fii	m's name SCOFIELD & SCOFIELD, P.C	•		Firm's Elf	N = 8	84-0710782	
Use	Only	Fii	m's address 15530 E BRONCOS PKWY STE	380	<u> </u>				
			CENTENNIAL, CO 80112			Phone no	.303-	-798-2235	
Ma	y the	IRS	discuss this return with the preparer shown abo	ove? See instructions				X Yes	☐ No

45-4134319

Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	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		
2	Did the organization undertake any significant program services during the year which were not list		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	•	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2 , 455 , 272 . including grants of \$	) (Revenue \$	245,305.
	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		
41-	AND COLLABORATION; AND SUPPLY CHAIN PROGRAMS THAT CONNECT VERIFIED	\ /	52 620 v
4b	(Code:) (Expenses \$31,508. including grants of \$ ONLINE EDUCATION AND PUBLIC OUTREACH - PROVIDE ONLINE EDUCATION	) (Revenue \$	52,639.
	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.		
	DANGE SCALE EVENTS AND RETNOTE INESENTATIONS.		
4c	(Code: ) (Expenses \$ 102,900. including grants of \$	) (Revenue \$	89,183.)
	WEST BIJOU RANCH - DEVELOPMENT AND MANAGEMENT OF THE SAVORY INSTITUTE	) (πενεπαε ψ	
	NORTH AMERICAN CAMPUS AND LEARNING SITE, AND 8,000 ACRE RANCH ON THE		
	EASTERN PLAINS OF COLORADO.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
<u>4e</u>	Total program service expenses ▶ 2,589,680.		
			Form <b>990</b> (2021

# Part IV Checklist of Required Schedules

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

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Form 990 (2021) SAVORY INSTITUTE.ORG, INC.

Part IV Checklist of Required Schedules (continued)

			V	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		_ A
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
•	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Contiduid to Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			"
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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# 021) SAVORY INSTITUTE.ORG, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
	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		12			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
	•			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
	If "Yes," enter the name of the foreign country		(FDAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		,			х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 8886 T2			5c		A
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			30		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			6a		x
	any contributions that were not tax deductible as charitable contributions?			0a		1
	were not tax deductible?		•	6b		
	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 se	rvices p	provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds.					
а	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		<u> </u>
	Section 501(c)(7) organizations. Enter:		I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the	I	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand					ļ.,
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduling and the second of the			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					۱.,
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		•			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on net investment and the section 4968 excise tax on the section 4968 excise tax on the section 4968 excise tax on the section 4968 excise tax of	nt inco	me?	16		X
17	If "Yes," complete Form 4720, Schedule O.	any				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			47		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,,
	taxable entity during the year?	16a		Х
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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CO	\: !	\ ··	-   -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	adle
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website	L - C'		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the transfer of the transfer o	ia finai	ıcıal	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 303-327-9759			

Form **990** (2021)

746912\_2

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	AI 112C		C)	прсі	isai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1039-NEO)	and related
	below	ividual	titution	Officer	Key employee	hest co	Former			organizations
(1) DANIELA IBARRA-HOWELL	line) 40.00	밀	lns	ij	Ke	E Hig	윤			
CHIEF EXECUTIVE OFFICER /	40.00	X		x					0.	0.
(2) JIM SNYDER	40.00							•		
CHIEF FINANCIAL OFFICER				х					0.	0.
(3) JODY BUTTERFIELD	40.00									
CHAIR / SECRETARY		х							0.	0.
(4) JOHN FULLERTON	5.00									
TREASURER		Х						0.	0.	0.
(5) ALLAN SAVORY	5.00							_		
PRESIDENT	1 00	Х							0.	0.
(6) JASON KNOLL	1.00	x						0.	0.	0
DIRECTOR		^						0.	0.	0.
-										
		_		_						
					_					
		ł								
					<u> </u>	<u> </u>		<u> </u>	l	- 000

(A) Name and title	(B) (C)  Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)							( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		<b>(F)</b> Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fı org an	pensa om tha aniza d rela anizat	ne tion ted
1b Subtotal c Total from continuation sheets to Part VI							<u> </u>	265,905.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							<u> </u>	265,905. eceived more than \$100	,000 of reportabl	0. e			0.
<ul><li>compensation from the organization</li><li>Did the organization list any former officer,</li></ul>	director trust	ee k	ev e	mnl	love	e o	r hio	thest compensated emr	olovee on			Yes	No No
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	uch individual										3		Х
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>	accrue comper	nsati	on f	rom	any	/ unr	elat				4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	ıch j	pers	son .					5		Х
Complete this table for your five highest co the organization. Report compensation for	="	-								pens	ation ·	from	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С	ompe		on
							$\dashv$						
Total number of independent contractors (i \$100,000 of compensation from the organization)		ot lir	nite	d to		se li: 0	stec	d above) who received m	nore than		Form		

Form 990 (2021) SAVORY INST Part VIII Statement of Revenue

			Check if Schedule O conta	ains a r	esponse	or note to any lin	ne in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
इ इ	1	2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b					
هَ ق					1c					
rA			Fundraising events		1d					
nia Pila			Related organizations		_	191,700.				
Sin			Government grants (contribution		1e	131,700.				
iğ Ei		T	All other contributions, gifts, grants			2 767 201				
			similar amounts not included abov		1f	3,767,201.				
o u		_	Noncash contributions included in lines	_	1g  \$		2 252 224			
a C		h	Total. Add lines 1a-1f			<b>D</b>	3,958,901.			
						Business Code				
<u>ic</u>	2		SPECIAL PROGRAMS			611430	231,565.	· · · · · · · · · · · · · · · · · · ·		
er v		b	NETWORK MEMBERSHIP FEE			541610	90,423.	· · · · · · · · · · · · · · · · · · ·		
n S		С	ONLINE EDUCATIONAL PRO			541610	52,639.	52,639.		_
ev ev		d CONFERENCE AND WORKSHO			611430	12,500.	12,500.			
Program Service Revenue		е								
<u>-</u>		f	All other program service rever	nue		900099				
		g	Total. Add lines 2a-2f				387,127.			
	3		Investment income (including of							
			other similar amounts)				30,134.			30,134.
	4		Income from investment of tax				·			
	5		Royalties	-						
	_			(i)	Real	(ii) Personal				
	6	2	Gross rents 6a	()		( )				
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
			· · · · · · · · · · · · · · · · · · ·							
			Net rental income or (loss)		curities	(ii) Other				
	1	а	Gross amount from sales of	(1) 36	Curilles	(ii) Other				
			assets other than inventory 7a							
o l		b	Less: cost or other basis							
ther Revenue			and sales expenses <b>7b</b>							
eve			Gain or (loss)7c							
Ř.			Net gain or (loss)			<b></b>				
ipe	8	а	Gross income from fundraising even	ents (no	ot					
δ			including \$		of					
			contributions reported on line	1c). Se	e					
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from fund	raising	events					
			Gross income from gaming act							
			Part IV, line 19		I					
		b	Less: direct expenses							
			Net income or (loss) from gami			<b>&gt;</b>				
			Gross sales of inventory, less r							
		_	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sales							
$\overline{}$			THE HOUTHOUT (1033) HOTH SAIES	5 01 1110	oritory	Business Code				
snc	44	_				Saciness Code				
Miscellaneous Revenue	11									
Ven		b						-	-	
Re		C	All alla su usus sa							
Ξ			All other revenue							
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instructions				4,376,162.	387,127.	0.	30,134.

132009 12-09-21

# Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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 organizations		·	Ţ .	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,032,568.	878,367.	154,201.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0= 100	m:	46.010	
9	Other employee benefits	85,401.	72,591.	12,810.	
10	Payroll taxes	88,619.	75,523.	13,096.	
11	Fees for services (nonemployees):	500 000	500 500	26.640	44 500
а	Management	582,092.	533,700.	36,612.	11,780
b	Legal	79,707.		79,707.	
С	5 ······	13,943.		13,943.	
d	, 3 F				
е	· F	05.060		25.262	
f	Investment management fees	25,260.		25,260.	
g	,	10.066	10.066		
	column (A), amount, list line 11g expenses on Sch 0.)	18,866.	18,866.		
12	Advertising and promotion	17 172		17 173	
13	Office expenses	17,173.		17,173.	
14	Information technology	4,539.		4,539.	
15	Royalties	29 040	1 720	26 210	
16	Occupancy	28,040. 116,833.	1,730.	26,310.	1 662
17	Travel	110,033.	46,959.	68,211.	1,663
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	7,378.		7,378.	
20 21	Interest Payments to affiliates	7,570.		7,570.	
21 22	Payments to affiliates	81,566.		81,566.	
22 23		3,847.		3,847.	
23 24	Other expenses. Itemize expenses not covered	3,011.		3,017.	
<b>-</b> 4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MARKETING	580,127.	568,206.		11,921
b	AWARDS	233,178.	233,178.		,
c	WEBSITE AND DESIGN	74,654.	74,654.		
d	TRAINING AND DEVELOPMEN	68,252.	68,252.		
е		19,124.	17,654.		1,470
25	Total functional expenses. Add lines 1 through 24e	3,161,167.	2,589,680.	544,653.	26,834
26	<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)				

# Part X Balance Sheet

ı a	IL A	Check if Schedule O contains a response or	note to ar	ny line in this Part X			
		ones. In correction of contrains a response of		y month and tare	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			210,147.	1	359,352.
	2	Savings and temporary cash investments			521.	2	521.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			240,333.	4	528,212.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, s					
		controlled entity or family member of any of				5	
	6	Loans and other receivables from other disc					
		under section 4958(f)(1)), and persons descri			6		
S	7	Notes and loans receivable, net		7	147,500.		
Assets	8	Inventories for sale or use			6,963.	8	4,357.
ğ	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or oth					
		basis. Complete Part VI of Schedule D		5,108,491.			
	b	Less: accumulated depreciation		243,780.	4,884,639.	10c	4,864,711.
	11	Investments - publicly traded securities		3,139,620.	11	3,765,321.	
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I	_		13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must			8,482,223.	16	9,669,974.
	17	Accounts payable and accrued expenses		139,929.	17	66,220.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, s					
abi		controlled entity or family member of any of				22	
=	23	Secured mortgages and notes payable to ur			191,700.	23	0.
	24	Unsecured notes and loans payable to unre				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on l	ines 17-24	). Complete Part X			
		of Schedule D			31,842.	25	55,827.
	26	Total liabilities. Add lines 17 through 25			363,471.	26	122,047.
		Organizations that follow FASB ASC 958,					
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			6,069,379.	27	7,313,554.
Ва	28	Net assets with donor restrictions			2,049,373.	28	2,234,373.
pur		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current ful	nds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulate				31	
Set	32	Total net assets or fund balances			8,118,752.	32	9,547,927.
	33	Total liabilities and net assets/fund balances			8,482,223.	33	9,669,974.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,376	,162.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,161	,167.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,214	,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,118	,752.
5	Net unrealized gains (losses) on investments	5		214	,180.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9	,547	,927.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SAVORY INSTITUTE ORG INC. 45-4134319 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
	ction C. Computation of Publi						
	Public support percentage for 2021 (li					14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						nis dox
47-	and <b>stop here.</b> The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts					_	
	meets the facts-and-circumstances te	-			-	47a and line 45 in	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the						▶□
10	organization meets the facts-and-circu		-	· ·			
ıδ	Private foundation. If the organization	i did riot check a	box on line 13, 16	a, 100, 1/a, 0r 1/	D, CHECK THIS DOX	and see instruction	<u>s</u>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,140,397.	1,575,355.	1,876,890.	2,103,690.	3,958,901.	10,655,233.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	361,612.	598,160.	661,584.	295,193.	387,127.	2,303,676.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1,502,009.	2,173,515.	2,538,474.	2,398,883.	4,346,028.	12,958,909.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						12,958,909.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1,502,009.	2,173,515.	2,538,474.	2,398,883.	4,346,028.	12,958,909.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,968.	35,674.	38,684.	30,160.	30,134.	159,620.
ŀ	Unrelated business taxable income	,	,	,	,	,	<u> </u>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	24,968.	35,674.	38,684.	30,160.	30,134.	159,620.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		·				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,526,977.	2,209,189.	2,577,158.	2,429,043.	4,376,162.	13,118,529.
14	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	601(c)(3) organizati	on,
_							<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	98.78 %
	Public support percentage from 2020					16	98.72 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	1.22 %
18	Investment income percentage from 2	<b>2020</b> Schedule A, F	Part III, line 17 $\dots$			18	1.28 %
19	a 33 1/3% support tests - 2021. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the						<b>X</b>
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Schedule A (Form 990) 2021

Page 4

# Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	<del>-</del> 70		
	4b		
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	8		
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	9b		
	- J.J		
	9с		
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	10a		
	10b		
ule	A (Forr	n 990	2021

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Sche	dule A (Form 990) 2021 SAVORY INSTITUTE.ORG, INC.	45-4134319	Pa	age <b>5</b>
Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated and supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers, s) upported		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	×		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		- A A <sup>1</sup> N		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	structions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		1	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ntity (see instruction		
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 exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (contin	ued)	
Secti	ion D	- Distributions				Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organ	nizations, in excess of income from activity			2	
3	Admi	nistrative expenses paid to accomplish exempt purpose	ns	3		
4	Amou	unts paid to acquire exempt-use assets		4		
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		r distributions (describe in Part VI). See instructions.	·		6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distril	butions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provi	ide details in <b>Part VI</b> ). See instructions.			8	
9	Distril	butable amount for 2021 from Section C, line 6			9	
10	Line 8	8 amount divided by line 9 amount			10	
		•	(i)	(ii)		(iii)
Secti	ion E -	- Distribution Allocations (see instructions)	Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
1	Distril	butable amount for 2021 from Section C, line 6				
2	Unde	erdistributions, if any, for years prior to 2021 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
h	Appli	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	butions for 2021 from Section D,				
	line 7	\$				
а	Appli	ed to underdistributions of prior years				
b	Appli	ed to 2021 distributable amount				
С	Rema	ainder. Subtract lines 4a and 4b from line 4.				
5	Rema	aining underdistributions for years prior to 2021, if				
	any. S	Subtract lines 3g and 4a from line 2. For result greater				
	than :	zero, explain in Part VI. See instructions.				
6	Rema	aining underdistributions for 2021. Subtract lines 3h				
	and 4	b from line 1. For result greater than zero, explain in				
	Part \	VI. See instructions.				
7	Exce	ss distributions carryover to 2022. Add lines 3j				
	and 4	-				
8	Break	kdown of line 7:				
a		ss from 2017				
		ss from 2018				
		ss from 2019				
		ss from 2020				
		ss from 2021				

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

# **Schedule B** (Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 45-4134319

i	SAVORY INSTITUTE.ORG, INC.	45-4134319
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	l Rule. See instructions.
-	ntion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribu	· ·
Special Rules		
sections 509(a) contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	o, and that received from any one
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fring the year, total contributions of more than \$1,000 exclusively for religious, charitable rational purposes, or for the prevention of cruelty to children or animals. Complete Parts in (b) instead of the contributor name and address), II, and III.	, scientific,
year, contribution is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaleder here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box ous, charitable, etc., e it received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-filing requirements of Schedule B (Form 990).	· ·

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 260,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2	Name, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 100,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No4	Name, address, and ZIP + 4	\$ 75,000. Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6	Talley accessed and all 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Pa

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9	Training, dudar doos, dired Enr. 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10	Name, audiess, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12	, , ===================================	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
16		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		\$ 60,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Pa

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on		
19		\$ 57,500. Person X Payroll Noncash (Complete Part II for noncash contributions	<b>s</b> .)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on		
20		Person X Payroll Noncash (Complete Part II for noncash contributions			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	<u> </u>		
21	Numo, udarcoo, una Emilia i	Person X Payroll Noncash (Complete Part II for noncash contributions			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
22	Name, address, and ZIF TT	Person X Payroll Noncash (Complete Part II for noncash contributions			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on		
23		\$ 25,000. Person X Payroll Noncash (Complete Part II for noncash contributions			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on		
24		Person X Payroll Noncash (Complete Part II for noncash contributions			

Schedule B (Form 990) (2021)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	- Humo, dudiced, and Emilia	\$\$8,844.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$\$	Person X Payroll

Schedule B (Form 990) (2021)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	— 1		
31		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)	)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1		
32		Person X Payroll Noncash (Complete Part II for noncash contributions.)	)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	— 1		
33		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	— 1		
34		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	— 1		
35		\$ 5,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)	)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	1		
36		Person X Payroll Noncash (Complete Part II for noncash contributions.)	)		

Schedule B (Form 990) (2021) Page 1

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
37		\$ 300,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
39	Hame, dada coo, and En 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
40	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
41		Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
42		Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990) (2021) Pa

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$ 5,573.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	Hame, address, and Zir + +	\$ \$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
49		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
50	Name, audiess, and ZIF + +	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
51	rame, address, and 2m + 4	\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
<b>No.</b> 52	Name, address, and ZIP + 4	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	numoj audi 655, una Em TT	\$	Person Payroll Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021) Page **3** 

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - - - -			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - - \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		- - - - - \$			

art III	NSTITUTE.ORG, INC.  Exclusively religious, charitable, etc., contribu	tions to organizations described in sect	45-4134319 ion 501(c)(7), (8), or (10) that total more than \$1,000 for th			
	from any one contributor. Complete columns (a	through (e) and the following line entry	For organizations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000 or less space is needed.	s for the year. (Enter this info. once.)			
No.						
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1111						
			-			
			-			
t		(e) Transfer of gift				
		(c) Transier et gint				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
	,,		The state of the s			
No. om						
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
			_			
		(e) Transfer of gift				
	(c) Italister of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
Ī			-			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
om i	(b) i di pose di giit	(c) Osc or girt				
om art I		111	(a) Description of now gift is field			
art I			(d) Description of now girt is field			
art I			(u) Description of now girt is field			
art I			(u) Description of now girt is field			
om art I			(u) Description of now girt is field			
art I		(e) Transfer of gift	(u) Description of now girt is field			
om art I		(e) Transfer of gift				
om art I	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee			
om art I	Transferee's name, address, a	(e) Transfer of gift				
om art I	Transferee's name, address, a	(e) Transfer of gift				
art I	Transferee's name, address, a	(e) Transfer of gift				
art I	Transferee's name, address, a	(e) Transfer of gift				
No.	Transferee's name, address, a	(e) Transfer of gift				
No.		(e) Transfer of gift	Relationship of transferor to transferee			
No.		(e) Transfer of gift	Relationship of transferor to transferee			
No.		(e) Transfer of gift	Relationship of transferor to transferee			
No.		(e) Transfer of gift	Relationship of transferor to transferee			
No.		(e) Transfer of gift  nd ZIP + 4  (c) Use of gift	Relationship of transferor to transferee			
No. om art I		(e) Transfer of gift	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(e) Transfer of gift  nd ZIP + 4  (c) Use of gift  (e) Transfer of gift	Relationship of transferor to transferee  (d) Description of how gift is held			
No.		(e) Transfer of gift  nd ZIP + 4  (c) Use of gift  (e) Transfer of gift	Relationship of transferor to transferee			
No.	(b) Purpose of gift	(e) Transfer of gift  nd ZIP + 4  (c) Use of gift  (e) Transfer of gift	Relationship of transferor to transferee  (d) Description of how gift is held			

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

SAVORY INSTITUTE.ORG, INC.

**Employer identification number** 45 - 4134319

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Officially, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of challed one and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and er	forcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililariciai staterrierii	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	<u>.</u>	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> .
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

Schedule D (Form 990) 2021

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

Pai	rt III   Organizations Maintaining Co	ollections of Ar	rt, Histo	orical Tr	easures, c	or Othe	r Similar <i>i</i>	Asset	<b>S</b> (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	t make si	gnificant use	e of its		
	collection items (check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	ım				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	rt IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered "	'Yes" on I	Form 990, P	art IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodial	n or other intermed	liary for c	ontribution	ns or other as	sets not i	ncluded		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fo	llowing ta	able:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	scrow or co	ustodial acco	unt liabilit	ty?	L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIII. C									
Pai	rt V Endowment Funds. Complete if t									
	<u> </u>	(a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back (	d) Three years	s back	<b>(e)</b> Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g	ı, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the possess	sion of the organiza	ation that	are held a	nd administe	red for th	e organization	on	г	
	by:								<del> </del>	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	· · · · · · · · · · · · · · · · · · ·							3b	
4	Describe in Part XIII the intended uses of the c		wment fu	unds.						
Pai	rt VI Land, Buildings, and Equipme		D-4 11/	lina 11a C	S F 000	. Da.4 V I	i 10			
	Complete if the organization answered							_		
	Description of property	(a) Cost or of		. ,	or other		cumulated		(d) Book	value
		basis (investn	nent)		(other)	аер	reciation			401 000
	Land			4	,481,000.				4,	481,000.
	Buildings							_		
	Leasehold improvements				607 401		242 72	+		202 711
	Equipment				627,491.		243,780	<del>'                                     </del>		383,711.
	Other		V r-1	(D) !' ·	10-1		<u> </u>		4	061 711
Iota	I. Add lines 1a through 1e. (Column (d) must equ	uai Form 990, Part	x, colum	n (B), line 1	uc.)		<u></u>	<u> </u>	4,	864,711.

Schedule D (Form 990) 2021

Part VII	Investments	- Other Securities.			_
chedule D	) (Form 990) 2021	SAVORY INSTITUTE.ORG, INC.	45-4134319	Pa	ιÇ

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	
(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)		

#### Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(9)

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)	·	
Table (Only many (b) second any of Ferman COO, Don't V. and (D) 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.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED WAGES	45,827.
(3)	DEFERRED REVENUE	10,000.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	55,827.

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

Schedule D (Form 990) 2021

45-4134319

Pai	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total revenue, gains, and other support per audited financial statements			1	4,565,082.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		214,180.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	, , , , , , , , , , , , , , , , , , , ,	2d			24.4.22
е	Add lines 2a through 2d			2e	214,180.
3	Subtract line 2e from line 1			3	4,350,902.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	25 260		
a	Investment expenses not included on Form 990, Part VIII, line 7b		25,260.		
b	Other (Describe in Part XIII.)				25 260
_	Add lines 4a and 4b			4c	25,260.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12., rt XII Reconciliation of Expenses per Audited Financial St			Beturn	4,376,162.
Га	Complete if the organization answered "Yes" on Form 990, Part IV, lir		Expenses per	netuiii.	
_				1	3,135,907.
1	Total expenses and losses per audited financial statements			1	3,133,907.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا			
a	Donated services and use of facilities				
b	Prior year adjustments  Other leases				
c d	Other losses				
	, , , , , , , , , , , , , , , , , , , ,	·		20	0.
е 3	Add lines 2a through 2d			2e 3	3,135,907.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	3,133,307.
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,260.		
b	Other (Describe in Part XIII.)		23,200.		
	A del Bress Assert Ale			4c	25,260.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 10			5	3,161,167.
	rt XIII Supplemental Information.	0./		<u> </u>	0,202,207.
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and			4; Part X, li	ne 2; Part XI,
	X, LINE 2:				
THE	INSTITUTE APPLIES THE PROVISIONS OF FASB ASC TOPIC 740-10	, INCOME			
TAXE	S, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMEN	NT ATTRIBUTE			
FOR	FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX 1	POSITION			
TAKE	EN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THIS STANDARD	ALSO PROVIDES			
GUII	DANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENAL	TIES,			
ACCO	OUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. FO	R THE YEARS			
ENDE	ED DECEMBER 31, 2021 AND 2020, THE ORGANIZATION DOES NOT B	ELIEVE IT HAS			
	UNCERTAIN TAX POSITIONS OR ANY RELATED PENALTIES AND INTE				
	REFORE NO RECOGNITION OF UNCERTAIN TAX POSITIONS IS REFLECT				
		TH THE			
FINA	ANCIAL STATEMENTS.				

Schedule D (Form 990) 2021 Part XIII Supplemental Information	SAVORY INSTITUTE.ORG, INC.	45-4134319	Page <b>5</b>
Part XIII Supplemental Info	rmation (continued)		

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

SAVORY INSTITUTE ORG INC

**Employer identification number** 

SAVORI INSTITUTE.ORG, INC.	45-4134319
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE WORLD THROUGH THE EDUCATIONAL TEACHING AND PRACTICE OF HOLISTIC	
MANAGEMENT AND HOLISTIC DECISION MAKING. THE ORGANIZATION'S	
EDUCATIONAL CONSULTING ACTIVITIES ARE TURNING DESERTS INTO THRIVING	
GRASSLANDS, RESTORING BIODIVERSITY, BRINGING STREAMS, RIVERS AND WATER	
SOURCES BACK TO LIFE, COMBATING POVERTY AND HUNGER, AND INCREASING	
SUSTAINABLE FOOD PRODUCTION, ALL WHILE PUTTING AN END TO GLOBAL CLIMATE	
CHANGE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COMBAT POVERTY AND ECONOMIC CHALLENGES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
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.	
FORM 990, PART VI, SECTION B, LINE 11B:	
MANAGEMENT AND THE BOARD REVIEW THE FORM 990 PRIOR TO FILING.	

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization SAVORY INSTITUTE.ORG, INC.	Employer identification number 45-4134319
,	•
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	
PART XII, LINE 2 EXPLANATION	
NO CHANGES.	

#### 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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

2021

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

SAVORY INSTITUTE	.ORG, INC.					45-4134319		
Part I Identification of Disregarded Entities. Co	omplete if the organization answered "Yes"	on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year		Direct c	<b>(f)</b> controlling ntity	)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ganizations. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34, I	because it had one	or more	e related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dired	(f) ct controlling entity	contr	7) 512(b)(13) colled ity?
				501(c)(3))			Yes	No

	Lieutification of Bolada Company Lieutification and the Company Lieutification and the Lieutification of Bolada Company Lieutification and the Lieutificatio
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
artill	organizations treated as a partnership during the tax year.
	organization weather the army and tax year.

organisation in district the apparatus for the year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage	
of related organization		(state or foreign	entity	ect controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	20 of Schedule	partne	ownersnip	
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes N	0	
									1			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									<u> </u>
									├─

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	I in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a		X	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
	Exchange of assets with related organization(s)				1i		Х	
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related orga				11		Х	
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m	Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		Х	
	Sharing of paid employees with related organization(s)				10		Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved			
<b>1)</b> S	AVORY & BUTTERFIELD LLC	М	103,480.	BILLED				
2)							_	
3)								
,							-	
4)								
5)								
۵.								
6)		1.2						

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	Share of	Share of	Dispre	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	excluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	
				$\vdash$						$\vdash$	1
				+							
				$\vdash$						$\vdash$	1
		l	l		1	I	1	1		1 1	1