

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **RUDOLF STEINER FOUNDATION, INC.**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1002A O'REILLY AVENUE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**SAN FRANCISCO, CA 94129-0915**

**D** Employer identification number  
**13-6082763**

**E** Telephone number  
**(415) 561-3900**

**G** Gross receipts \$ **23,665,551**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.RFSOCIALFINANCE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1936** **M** State of legal domicile: **NY**

**Part I Summary**

|                             |   |   |   |                                   |
|-----------------------------|---|---|---|-----------------------------------|
| Activities & Governance     | <b>1</b>  | Briefly describe the organization's mission or most significant activities:   | <b>LENDING TO NOT-FOR-PROFIT AND SOCIALLY BENEFICIAL ORGANIZATIONS.</b> |                                   |
|                             | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |                                   |
|                             | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  | <b>13</b>                         |
|                             | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  | <b>9</b>                          |
|                             | <b>5</b>  | Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | <b>5</b>  | <b>46</b>                         |
|                             | <b>6</b>  | Total number of volunteers (estimate if necessary)  | <b>6</b>  | <b>10</b>                         |
|                             | <b>7a</b>   | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>   | <b>0</b>                          |
| <b>b</b>                    | Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b>   | <b>0</b>  |                                   |
| Revenue                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h)   | Prior Year<br><b>20,992,023</b>   | Current Year<br><b>22,326,264</b> |
|                             | <b>9</b>  | Program service revenue (Part VIII, line 2g)  | <b>134,813</b>  | <b>339,413</b>                    |
|                             | <b>10</b>   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>122,493</b>  | <b>125,892</b>                    |
|                             | <b>11</b>   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>14,901</b>   | <b>683,973</b>                    |
|                             | <b>12</b>   | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>21,264,230</b>   | <b>23,475,542</b>                 |
| Expenses                    | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | <b>10,826,550</b>   | <b>10,909,680</b>                 |
|                             | <b>14</b>   | Benefits paid to or for members (Part IX, column (A), line 4)   |   |                                   |
|                             | <b>15</b>   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | <b>712,401</b>  | <b>2,564,071</b>                  |
|                             | <b>16a</b>  | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0</b>  | <b>0</b>                          |
|                             | <b>b</b>  | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>546,348</b>  |   |                                   |
|                             | <b>17</b>   | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  | <b>901,029</b>  | <b>2,912,932</b>                  |
| <b>18</b>                   | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | <b>12,439,980</b>   | <b>16,386,683</b>   |                                   |
| <b>19</b>                   | Revenue less expenses. Subtract line 18 from line 12                      | <b>8,824,250</b>  | <b>7,088,859</b>  |                                   |
| Net Assets or Fund Balances | <b>20</b>   | Total assets (Part X, line 16)  | Beginning of Current Year<br><b>89,009,617</b>                          | End of Year<br><b>113,869,899</b> |
|                             | <b>21</b>   | Total liabilities (Part X, line 26)   | <b>33,645,932</b>   | <b>52,880,374</b>                 |
|                             | <b>22</b>   | Net assets or fund balances. Subtract line 21 from line 20  | <b>55,363,685</b>   | <b>60,989,525</b>                 |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **CHRIS COOK, CFO** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **NICOLE BENCIK** Preparer's signature: *Nicole Bencik* Date: **11-13-17** Check  if self-employed PTIN: **P00756195**  
 Firm's name ▶ **CROWE HORWATH LLP** Firm's EIN ▶ **35-0921680**  
 Firm's address ▶ **575 MARKET STREET, SUITE 3300, SAN FRANCISCO, CA 94105-5829** Phone no. **(415) 576-1100**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2017)

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |   |   |
|--|---|---|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><b>RUDOLF STEINER FOUNDATION, INC.</b>                         | <b>Enter filer's identifying number, see instructions</b><br>Employer identification number (EIN) or<br><b>13-6082763</b> |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1002A O'REILLY AVENUE</b>                          | Social security number (SSN)  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>SAN FRANCISCO, CA 94129-0915</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

• The books are in the care of ► DON SHAFFER

Telephone No. ► (415) 561-3900 Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 11/15, 20 17, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 16 or

►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |
|---|-----------|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO MAKE MONEY AVAILABLE TO INNOVATIVE PROJECTS AND TO FUNDAMENTALLY CHANGE THE WAY THE WORLD WORKS WITH MONEY THROUGH LENDING, GRANT MAKING, ADVISING, PHILANTHROPIC SERVICES, SOCIAL INVESTMENT & EDUCATIONAL PROGRAMS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 13,824,571 including grants of \$ 10,909,680 ) (Revenue \$ 1,023,386 )

IN 2016, THE RUDOLF STEINER FOUNDATION MADE 475 GRANTS TO A VARIETY OF ORGANIZATIONS AND PROJECTS ALIGNED WITH THE FOUNDATION'S CHARITABLE MISSION TO PROMOTE A MORE SUSTAINABLE WORLD.

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 13,824,571

**Part IV Checklist of Required Schedules**

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> 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.  |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** *(continued)*

|  | Yes | No |
|--|-----|----|
| <b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>   |     | ✓  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .  |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   | ✓   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   | ✓   |    |
| <b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>  | ✓   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | ✓  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | ✓  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     | ✓  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | ✓  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | ✓  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  |     | ✓  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | ✓  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | ✓   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  | ✓   |    |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | ✓  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | ✓  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  | ✓   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  | ✓   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   | ✓   |    |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  | ✓   |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>   |     | ✓  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | ✓  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .   | ✓   |    |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

|            |  | Yes        | No                                  |                                     |  |
|------------|--|------------|-------------------------------------|-------------------------------------|--|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | <b>1a</b>  | 85                                  |                                     |  |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b>  | 0                                   |                                     |  |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | <b>1c</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 46                                  |                                     |  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . . | <b>2b</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .  | <b>3b</b>  | <input checked="" type="checkbox"/> |                                     |  |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .   | <b>4a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |                                     |                                     |  |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |                                     |                                     |  |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                      | <b>6a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  |                                     |                                     |  |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |                                     |                                     |  |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | <b>7a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  |                                     |                                     |  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | <b>7d</b>  |                                     |                                     |  |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |                                     |                                     |  |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |                                     |                                     |  |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <b>8</b>   |                                     | <input checked="" type="checkbox"/> |  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |                                     |                                     |  |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>  |                                     | <input checked="" type="checkbox"/> |  |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |                                     |                                     |  |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |                                     |                                     |  |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |                                     |                                     |  |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |                                     |                                     |  |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |                                     |                                     |  |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b> |                                     |                                     |  |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |                                     |                                     |  |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |                                     |                                     |  |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |                                     |                                     |  |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |                                     |                                     |  |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | <b>13b</b> |                                     |                                     |  |
| <b>c</b>   | Enter the amount of reserves on hand . . . . .   | <b>13c</b> |                                     |                                     |  |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> |                                     | <input checked="" type="checkbox"/> |  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | <b>14b</b> |                                     |                                     |  |



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

**Section A. Governing Body and Management**

|           |  | Yes                                 | No                                  |
|-----------|--|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .  |                                     |                                     |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.              |                                     |                                     |
| <b>1b</b> | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |                                     |                                     |
| <b>2</b>  | 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? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | 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? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |                                     |                                     |
| <b>8a</b> | The governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .         |                                     | <input checked="" type="checkbox"/> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>10b</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?   |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <input checked="" type="checkbox"/> |                                     |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | <input checked="" type="checkbox"/> |                                     |
| <b>15</b>  | 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?   |                                     |                                     |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>15b</b> | Other officers or key employees of the organization . . . . .  | <input checked="" type="checkbox"/> |                                     |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</b> | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► AK, AL, AZ, CA, (CONTINUED ON SCHEDULE O)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
CHRIS COOK, 1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129-0915, (415) 561-3900

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |                                     |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|-------------------------------------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer                             | Key employee | Highest compensated employee | Former |  |   |   |
| (1) DONALD SHAFFER<br>CEO                     | 40.0<br>2.0  | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 339,261  | 0   | 37,248  |
| (2) MARK FINSER<br>CHAIR                      | 3.0<br>0.0   | <input checked="" type="checkbox"/>  |                       | <input checked="" type="checkbox"/> |              |                              |        | 0  | 0   | 0   |
| (3) JESSICA ROLPH<br>TRUSTEE (PARTIAL YEAR)   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (4) JOCELYN DEMIRBAG<br>TRUSTEE               | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (5) NEIL BLOMQUIST<br>TRUSTEE                 | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (6) MARK RETZLOFF<br>TRUSTEE                  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (7) RACHAEL FLUG<br>TRUSTEE                   | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (8) SIEGFRIED FINSER<br>TRUSTEE               | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 12,000   | 0   | 0   |
| (9) SARA ELLIS CONANT<br>TRUSTEE              | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (10) MARK CENSITS<br>TRUSTEE                  | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (11) RON ALSTON<br>TRUSTEE                    | 1.0<br>1.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (12) ANTHONY CHANG<br>TRUSTEE (PARTIAL YEAR)  | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (13) SCOTT WILLIAMS<br>TRUSTEE (PARTIAL YEAR) | 1.0<br>0.0   | <input checked="" type="checkbox"/>  |                       |                                     |              |                              |        | 0  | 0   | 0   |
| (14) KATRINA STEFFEK<br>COO                   | 40.0<br>2.0  |  |                       | <input checked="" type="checkbox"/> |              |                              |        | 160,016  | 0   | 5,036   |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15) JOHN BLOOM<br>VP, ORGANIZATIONAL CULTURE                              | 40.0<br>2.0  |   |                       | ✓       |              |                              |        | 170,790  | 0   | 18,324  |
| (16) GARY SCHICK<br>CFO  | 40.0<br>2.0  |   |                       | ✓       |              |                              |        | 262,370  | 0   | 5,488   |
| (17) TIMOTHY GREEN<br>DIRECTOR, LEGAL & COMPLIANCE                         | 40.0<br>2.0  |   |                       | ✓       |              |                              |        | 118,710  | 0   | 24,200  |
| (18) REBECCA NEWTON<br>SENIOR DIRECTOR, INFORMATION SYSTEMS (PARTIAL YEAR) | 40.0<br>0.0  |   |                       |         |              | ✓                            |        | 124,859  | 0   | 20,118  |
| (19) KELLEY BUHLES<br>DIRECTOR, PHILANTHROPIC SERVICES                     | 40.0<br>0.0  |   |                       |         |              | ✓                            |        | 117,427  | 0   | 10,014  |
| (20) CARRIE MONAE<br>SENIOR MANAGER, SYSTEMS                               | 40.0<br>0.0  |   |                       |         |              | ✓                            |        | 123,000  | 0   | 11,133  |
| (21) DEBORAH NELSON<br>VP, CLIENT ENGAGEMENT (PARTIAL YEAR)                | 40.0<br>0.0  |   |                       |         |              | ✓                            |        | 122,360  | 0   | 18,000  |
| (22) VICKIE YEE<br>DIRECTOR OF ACCOUNTING (PARTIAL YEAR)                   | 40.0<br>0.0  |   |                       |         |              | ✓                            |        | 127,838  | 0   | 903   |
| (23)   |  |   |                       |         |              |                              |        |  |   |   |
| (24)   |  |   |                       |         |              |                              |        |  |   |   |
| (25)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 1,678,631  | 0   | 150,464   |
| <b>c Total from continuation sheets to Part VII, Section A</b>             |  |   |                       |         |              |                              |        | 0  | 0   | 0   |
| <b>d Total (add lines 1b and 1c)</b>                                       |  |   |                       |         |              |                              |        | 1,678,631  | 0   | 150,464   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 14

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | ✓  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | ✓   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | ✓  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                           | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| BIRJU PANDYA, 1611 SAN PABLO AVE APT B, BERKELEY, CA 94702 | PROGRAM CONSULTANTS FBC        | 124,992             |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 1

**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |          |
|---|---|--|----------------------|--|---|--|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |                      |  |   |  |          |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  |                      |  |   |  |          |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |                      |  |   |  |          |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  | 1,999,367            |  |   |  |          |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>  |                      |  |   |  |          |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>  | 20,326,897           |  |   |  |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |  | 10,116,768           |  |   |  |          |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 22,326,264           |  |   |  |          |
| <b>Program Service Revenue</b>  | <b>Business Code</b>  |  |                      |  |   |  |          |
|   | <b>2a</b> FEE INCOME  | 525990   | 56,943               | 56,943   |   |  |          |
|   | <b>b</b> INTEREST INCOME-BORROWER FUNDS   | 525990   | 282,470              | 282,470  |   |  |          |
|   | <b>c</b> -----  |  |                      |  |   |  |          |
|   | <b>d</b> -----  |  |                      |  |   |  |          |
|   | <b>e</b> -----  |  |                      |  |   |  |          |
|   | <b>f</b> All other program service revenue .  |  | 0                    | 0  | 0                                       | 0  |          |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                     |   | 339,413  |                      |  |   |  |          |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts) . . . . .  |  | 205,042              |  |   | 205,042  |          |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                      |  |   |  |          |
|   | <b>5</b> Royalties . . . . .  |  |                      |  |   |  |          |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real   | (ii) Personal        |  |   |  |          |
|   |   | <b>b</b> Less: rental expenses                                     |                      |  |   |  |          |
|   |   | <b>c</b> Rental income or (loss)                                   | 0                    | 0  |   |  |          |
|   | <b>d</b> Net rental income or (loss) . . . . .  |  |                      |  |   |  |          |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory   | (i) Securities   | (ii) Other           |  |   |  |          |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . |                      | 190,009  |   |  |          |
|   |   | <b>c</b> Gain or (loss) . . . . .                                  |                      | (79,150)   | 0                                       |  |          |
|   |   | <b>d</b> Net gain or (loss) . . . . .                              |                      | (79,150)   |   |  | (79,150) |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>   |                      |  |   |  |          |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |          |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . .    |                      |  |   |  |          |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  | <b>a</b>   |                      |  |   |  |          |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>b</b>             |  |   |  |          |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .     |                      |  |   |  |          |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>  |  |                      |  |   |  |          |
|   | <b>b</b> Less: cost of goods sold . . . . .   | <b>b</b>   |                      |  |   |  |          |
|   | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      |  |   |  |          |
| Miscellaneous Revenue   |   | <b>Business Code</b>   |                      |  |   |  |          |
| <b>11a</b> OTHER INCOME   | 900099  | 683,973  | 683,973              |  |   |  |          |
| <b>b</b> -----  |   |  |                      |  |   |  |          |
| <b>c</b> -----  |   |  |                      |  |   |  |          |
| <b>d</b> All other revenue . . . . .  |   | 0  | 0                    | 0  | 0                                       |  |          |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |   | 683,973  |                      |  |   |  |          |
| <b>12 Total revenue.</b> See instructions. . . . .                            |   | 23,475,542   | 1,023,386            | 0  | 125,892                                 |  |          |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 7,127,796             | 7,127,796                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 157,475               | 157,475                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .   | 3,624,409             | 3,624,409                       |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 1,129,379             | 594,844                         | 441,135                                | 93,400                      |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 1,075,848             | 596,803                         | 296,673                                | 182,372                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | 16,977                | 8,942                           | 6,631                                  | 1,404                       |
| <b>9</b> Other employee benefits . . . . .  | 196,997               | 103,758                         | 76,947                                 | 16,292                      |
| <b>10</b> Payroll taxes . . . . .   | 144,870               | 76,303                          | 56,586                                 | 11,981                      |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  | 45,985                | 24,220                          | 17,962                                 | 3,803                       |
| <b>c</b> Accounting . . . . .   | 25,001                | 13,168                          | 9,765                                  | 2,068                       |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   | 1,096,372             | 577,459                         | 428,243                                | 90,670                      |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 671,202               | 353,522                         | 262,172                                | 55,508                      |
| <b>12</b> Advertising and promotion . . . . .   | 11,713                | 6,169                           | 4,575                                  | 969                         |
| <b>13</b> Office expenses . . . . .   | 44,114                | 23,235                          | 17,231                                 | 3,648                       |
| <b>14</b> Information technology . . . . .  | 161,383               | 85,001                          | 63,036                                 | 13,346                      |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 220,735               | 116,261                         | 86,219                                 | 18,255                      |
| <b>17</b> Travel . . . . .  | 20,681                | 10,893                          | 8,078                                  | 1,710                       |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 20,959                | 11,039                          | 8,187                                  | 1,733                       |
| <b>20</b> Interest . . . . .  | 42,179                | 22,216                          | 16,475                                 | 3,488                       |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 14,559                | 7,668                           | 5,687                                  | 1,204                       |
| <b>23</b> Insurance . . . . .   | 18,400                | 9,691                           | 7,187                                  | 1,522                       |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <u>ADVISORY &amp; EDUCATION SERVICE EXPENSES</u> . . . . .   | 155,686               | 82,000                          | 60,811                                 | 12,875                      |
| <b>b</b> <u>EMPLOYEE EXPENSE</u> . . . . .  | 47,033                | 24,772                          | 18,371                                 | 3,890                       |
| <b>c</b> <u>MEMBERSHIP &amp; SPONSORSHIP</u> . . . . .  | 222,899               | 117,401                         | 87,064                                 | 18,434                      |
| <b>d</b> <u>FILINGS AND REGISTRATION FEES</u> . . . . .   | 15,566                | 8,199                           | 6,080                                  | 1,287                       |
| <b>e</b> All other expenses . . . . .   | 78,465                | 41,327                          | 30,649                                 | 6,489                       |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 16,386,683            | 13,824,571                      | 2,015,764                              | 546,348                     |
| <b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)               |             | (B)         |
|---|--|-------------------|-------------|-------------|
|   |  | Beginning of year |             | End of year |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 254               | <b>1</b>    | 169         |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 4,496,897         | <b>2</b>    | 7,272,384   |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 117,227           | <b>3</b>    | 505,900     |
|   | <b>4</b> Accounts receivable, net . . . . .  | 114,586           | <b>4</b>    |             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   | 0                 | <b>5</b>    | 0           |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . |                   | <b>6</b>    | 0           |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>    |             |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   | <b>8</b>    |             |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 100,269           | <b>9</b>    | 73,300      |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 1,035,424         |             |             |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | 741,796           | <b>10c</b>  | 293,628     |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 8,447,422         | <b>11</b>   | 6,671,322   |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 52,455,142        | <b>12</b>   | 62,738,233  |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 3,589,614         | <b>13</b>   | 6,107,170   |
|   | <b>14</b> Intangible assets . . . . .  |                   | <b>14</b>   |             |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 19,598,202        | <b>15</b>   | 30,207,793  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 89,009,617   | <b>16</b>         | 113,869,899 |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 123,767           | <b>17</b>   | 284,052     |
|   | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>   |             |
|   | <b>19</b> Deferred revenue . . . . .   | 17,267            | <b>19</b>   | 20,292      |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                   | <b>20</b>   |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>   |             |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |                   | <b>22</b>   |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   | <b>23</b>   |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 4,603,735         | <b>24</b>   | 5,105,903   |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 28,901,163        | <b>25</b>   | 47,470,127  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 33,645,932        | <b>26</b>   | 52,880,374  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |             |             |
|   | <b>27</b> Unrestricted net assets . . . . .  | 54,388,685        | <b>27</b>   | 60,839,525  |
|   | <b>28</b> Temporarily restricted net assets . . . . .  | 875,000           | <b>28</b>   | 50,000      |
|   | <b>29</b> Permanently restricted net assets . . . . .  | 100,000           | <b>29</b>   | 100,000     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |             |             |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>   |             |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                   | <b>31</b>   |             |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>   |             |
|   | <b>33</b> Total net assets or fund balances . . . . .  | 55,363,685        | <b>33</b>   | 60,989,525  |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 89,009,617   | <b>34</b>         | 113,869,899 |             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 23,475,542  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 16,386,683  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 7,088,859   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 55,363,685  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | (358,660)   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | (1,107,659) |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 3,300       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 60,989,525  |

**Part XII Financial Statements and Reporting**

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

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |                                     |                                     |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <input checked="" type="checkbox"/> |                                     |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | <input checked="" type="checkbox"/> |                                     |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  |                                     |                                     |

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

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.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>RUDOLF STEINER FOUNDATION, INC.</b> | Employer identification number<br><b>13-6082763</b> |
|--|---|

**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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  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  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 . . . . .  |          |          |          |          |          |           |
| <b>5</b> 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) . . . . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016  | (f) Total                |
|--|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .   |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | <b>12</b> |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |                          |
|--|-----------|--------------------------|
| <b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .   | <b>14</b> | %                        |
| <b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | %                        |
| <b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .   |           | <input type="checkbox"/> |
| <b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .  |           | <input type="checkbox"/> |
| <b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .    |           | <input type="checkbox"/> |
| <b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .   |           | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total  |
|---|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 11,966,326 | 12,392,553 | 15,849,038 | 20,992,023 | 22,326,264 | 83,526,204 |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . | 654,253    | 615,560    | 812,828    | 1,348,133  | 339,413    | 3,770,187  |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |            |            |            |            |            | 0          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .  |            |            |            |            |            | 0          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |            |            |            |            |            | 0          |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   | 12,620,579 | 13,008,113 | 16,661,866 | 22,340,156 | 22,665,677 | 87,296,391 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .  | 0          | 0          | 9,710      | 0          | 0          | 9,710      |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year                   | 0          | 0          | 0          | 0          | 0          | 0          |
| <b>c</b> Add lines 7a and 7b . . . . .  | 0          | 0          | 9,710      | 0          | 0          | 9,710      |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |            |            |            |            |            | 87,286,681 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2012   | (b) 2013   | (c) 2014   | (d) 2015   | (e) 2016   | (f) Total                |
|--|------------|------------|------------|------------|------------|--------------------------|
| <b>9</b> Amounts from line 6 . . . . .   | 12,620,579 | 13,008,113 | 16,661,866 | 22,340,156 | 22,665,677 | 87,296,391               |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  | 594,098    | 658,892    | 15,086     | 92,494     | 205,042    | 1,565,612                |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   | 144,969    | 38,925     | 135,464    | 0          |            | 319,358                  |
| <b>c</b> Add lines 10a and 10b . . . . .   | 739,067    | 697,817    | 150,550    | 92,494     | 205,042    | 1,884,970                |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |            |            |            |            |            | 0                        |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  | 171,312    | 40,212     | 20,421     | 14,900     | 683,973    | 930,818                  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 13,530,958 | 13,746,142 | 16,832,837 | 22,447,550 | 23,554,692 | 90,112,179               |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |            |            |            |            |            | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | 96.86 % |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | 96.34 % |

**Section D. Computation of Investment Income Percentage**

|  |                                     |        |
|--|-------------------------------------|--------|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .   | <b>17</b>                           | 2.09 % |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .  | <b>18</b>                           | 3.24 % |
| <b>19a 33 1/3% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .         | <input checked="" type="checkbox"/> |        |
| <b>b 33 1/3% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . | <input type="checkbox"/>            |        |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .   | <input type="checkbox"/>            |        |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
| 3b  | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
| 3c  | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| 4b  | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>   |     |    |
| 4c  | 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)? <i>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.</i>  |     |    |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 9b  | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| 9c  | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| 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)? <i>If "Yes," answer 10b below.</i>  |     |    |
| 10b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes        | No |
|--|------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |            |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | <b>11a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11b</b> |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  | <b>11c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | <b>1</b> |    |
| <b>2</b> 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? <i>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.</i>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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)? <i>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).</i> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | <b>2</b> |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |     |    |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>  |           | Yes | No |
| <b>a</b> 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? <i>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.</i> | <b>2a</b> |     |    |
| <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |           |     |    |
| <b>a</b> 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? <i>Provide details in Part VI.</i>  | <b>3a</b> |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   | <b>3b</b> |     |    |

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |           | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> 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) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).  | <b>8</b>  |                |                             |
| <b>Section B - Minimum Asset Amount</b>   |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by .035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| <b>Section C - Distributable Amount</b>   |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 85% of line 1.   | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>  |                |                             |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |           |                |                             |

Schedule A (Form 990 or 990-EZ) 2016

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

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| 9 Distributable amount for 2016 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2016:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c From 2013 . . . . .   |                             |  |   |
| d From 2014 . . . . .   |                             |  |   |
| e From 2015 . . . . .   |                             |  |   |
| f <b>Total</b> of lines 3a through e  |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2016 distributable amount  |                             |  |   |
| i Carryover from 2011 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2016 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2016 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.   |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b Excess from 2013 . . . . .  |                             |  |   |
| c Excess from 2014 . . . . .  |                             |  |   |
| d Excess from 2015 . . . . .  |                             |  |   |
| e Excess from 2016 . . . . .  |                             |  |   |



**Part VI**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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.)

| Return Reference - Identifier                      | Explanation       |          |          |          |          |          |           |
|--|-------------------|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART III,<br>LINE 12 - OTHER<br>INCOME | Other Income Type | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|  | (1) OTHER INCOME  | 171,312  | 40,212   | 20,421   | 14,900   | 683,973  | 930,818   |

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

**Name of the organization**

RUDOLF STEINER FOUNDATION, INC.

**Employer identification number**

13-6082763

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | -----<br>-----<br>-----           | \$ 5,507,789               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | -----<br>-----<br>-----           | 2,729,535                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | -----<br>-----<br>-----           | \$ 1,999,367               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | -----<br>-----<br>-----           | \$ 1,500,000               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | -----<br>-----<br>-----           | \$ 1,500,000               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | -----<br>-----<br>-----           | \$ 1,262,480               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | -----<br>-----<br>-----           | \$ 1,024,132               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | -----<br>-----<br>-----           | 903,739                    | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | -----<br>-----<br>-----           | \$ 903,739                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | -----<br>-----<br>-----           | \$ 500,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 11         | -----<br>-----<br>-----           | \$ 250,172                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | -----<br>-----<br>-----           | \$ 250,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 13         |                                   | \$ 250,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 14         |                                   | 250,000                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 15         |                                   | \$ 250,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 16         |                                   | \$ 246,140                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 245,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 18         |                                   | \$ 200,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 198,716                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | 181,182                    | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 180,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 22         |                                   | \$ 174,476                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 23         |                                   | \$ 115,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 24         |                                   | \$ 107,140                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         | -----<br>-----<br>-----           | \$ 104,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 26         | -----<br>-----<br>-----           | 103,006                    | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | -----<br>-----<br>-----           | \$ 102,500                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 28         | -----<br>-----<br>-----           | \$ 100,000                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 29         | -----<br>-----<br>-----           | \$ 99,579                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | -----<br>-----<br>-----           | \$ 95,238                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 31         | -----<br>-----<br>-----           | \$ 75,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 32         | -----<br>-----<br>-----           | 70,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 33         | -----<br>-----<br>-----           | \$ 50,210                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | -----<br>-----<br>-----           | \$ 50,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 35         | -----<br>-----<br>-----           | \$ 50,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 36         | -----<br>-----<br>-----           | \$ 50,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 37         | -----<br>-----<br>-----           | \$ ----- 45,923            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | -----<br>-----<br>-----           | ----- 40,665               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 39         | -----<br>-----<br>-----           | \$ ----- 40,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 40         | -----<br>-----<br>-----           | \$ ----- 40,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 41         | -----<br>-----<br>-----           | \$ ----- 34,000            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 42         | -----<br>-----<br>-----           | \$ ----- 30,300            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 43         | -----<br>-----<br>-----           | \$ ----- 30,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 44         | -----<br>-----<br>-----           | ----- 26,000               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 45         | -----<br>-----<br>-----           | \$ ----- 25,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 46         | -----<br>-----<br>-----           | \$ ----- 20,487            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 47         | -----<br>-----<br>-----           | \$ ----- 20,096            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 48         | -----<br>-----<br>-----           | \$ ----- 20,000            | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 49         | -----<br>-----<br>-----           | \$ ----- 19,511            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 50         | -----<br>-----<br>-----           | ----- 18,070               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 51         | -----<br>-----<br>-----           | \$ ----- 15,647            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 52         | -----<br>-----<br>-----           | \$ ----- 12,500            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 53         | -----<br>-----<br>-----           | \$ ----- 12,500            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 54         | -----<br>-----<br>-----           | \$ ----- 12,500            | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 55         | -----<br>-----<br>-----           | \$ 12,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 56         | -----<br>-----<br>-----           | 12,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 57         | -----<br>-----<br>-----           | \$ 10,452                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 58         | -----<br>-----<br>-----           | \$ 10,228                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 59         | -----<br>-----<br>-----           | \$ 10,056                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 60         | -----<br>-----<br>-----           | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 61         | -----<br>-----<br>-----           | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 62         | -----<br>-----<br>-----           | 10,000                     | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 63         | -----<br>-----<br>-----           | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 64         | -----<br>-----<br>-----           | \$ 9,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 65         | -----<br>-----<br>-----           | \$ 8,545                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 66         | -----<br>-----<br>-----           | \$ 8,543                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 67         | -----<br>-----<br>-----           | \$ ----- 8,500             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 68         | -----<br>-----<br>-----           | ----- 8,000                | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 69         | -----<br>-----<br>-----           | \$ ----- 7,966             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 70         | -----<br>-----<br>-----           | \$ ----- 6,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 71         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 72         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 73         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 74         | -----<br>-----<br>-----           | ----- 5,000                | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 75         | -----<br>-----<br>-----           | \$ ----- 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----           | \$ -----                   | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

**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 |
|---------------------|---|--|-------------------|
| 1                   | SECURITIES                                | 4,507,789                                | 11/29/2016        |
| 2                   | SECURITIES                                | \$ 525,513                               | 12/28/2016        |
| 6                   | SECURITIES                                | \$ 1,262,480                             | 10/24/2016        |
| 7                   | SECURITIES                                | \$ 734,132                               | 12/19/2016        |
| 8                   | SECURITIES                                | \$ 903,739                               | 11/23/2016        |
| 9                   | SECURITIES                                | \$ 903,739                               | 11/23/2016        |

|  |   |
|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

**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 |
|---------------------|---|--|-------------------|
| 11                  | SECURITIES                                | 250,172                                  | 11/30/2016        |
| 16                  | SECURITIES                                | \$ 246,140                               | 12/22/2016        |
| 19                  | SECURITIES                                | \$ 183,017                               | 12/28/2016        |
| 20                  | SECURITIES                                | \$ 181,182                               | 12/23/2016        |
| 26                  | SECURITIES                                | \$ 103,006                               | 07/19/2016        |
| 29                  | SECURITIES                                | \$ 99,579                                | 07/07/2016        |

|  |   |
|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

**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 |
|---------------------|---|--|-------------------|
| 33                  | SECURITIES                                | 50,210                                   | 11/21/2016        |
| 37                  | SECURITIES                                | \$ 45,923                                | 06/23/2016        |
| 38                  | SECURITIES                                | \$ 40,665                                | 12/08/2016        |
| 46                  | SECURITIES                                | \$ 20,487                                | 02/22/2016        |
| 47                  | SECURITIES                                | \$ 20,096                                | 11/08/2016        |
| 50                  | SECURITIES                                | \$ 10,070                                | 12/20/2016        |

|  |   |
|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| 58                        | SECURITIES<br>-----<br>-----<br>-----        | 10,228   | 09/27/2016           |
| 59                        | SECURITIES<br>-----<br>-----<br>-----        | \$ 10,056                                      | 04/28/2016           |
| 65                        | SECURITIES<br>-----<br>-----<br>-----        | \$ 8,545                                       | 12/22/2016           |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |
| -----                     | -----<br>-----<br>-----                      | \$ -----                                       | -----                |

|  |   |
|--|---|
| <b>Name of organization</b><br>RUDOLF STEINER FOUNDATION, INC. | <b>Employer identification number</b><br>13-6082763 |
|--|---|

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year 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, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I |       |       | (d) Description of how gift is held |
|---------------------|-------|-------|-------------------------------------|
| -----               | ----- | ----- | -----                               |

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| -----               | -----               | -----           | -----                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| -----               | -----               | -----           | -----                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| -----               | -----               | -----           | -----                               |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| -----                                   | -----                                    |
| -----                                   | -----                                    |

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: RUDOLF STEINER FOUNDATION, INC. Employer identification number: 13-6082763

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held amounts at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2, a, b) regarding collections of art and historical treasures, including revenue and asset reporting.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**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?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 100,000          | 100,000        | 100,000            | 100,000              | 107,981             |
| <b>b</b> Contributions                                  |                  |                |                    | 0                    | 0                   |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    | 0                    | (7,981)             |
| <b>d</b> Grants or scholarships                         |                  |                |                    | 0                    | 0                   |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    | 0                    | 0                   |
| <b>f</b> Administrative expenses                        |                  |                |                    | 0                    | 0                   |
| <b>g</b> End of year balance                            | 100,000          | 100,000        | 100,000            | 100,000              | 100,000             |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0.00 %
- b** Permanent endowment ▶ 100.00 %
- c** Temporarily restricted endowment ▶ 0.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|   | Yes | No |
|---|-----|----|
| <b>(i)</b> unrelated organizations  |     | ✓  |
| <b>(ii)</b> related organizations   |     | ✓  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
| <b>3b</b>   |     |    |

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land   |                                      |                                 |                              |                |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment   |                                      | 302,366                         | 284,965                      | 17,401         |
| <b>e</b> Other   |                                      | 733,058                         | 456,831                      | 276,227        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 293,628        |



**Part VII Investments—Other Securities.**

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<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely-held equity interests . . . . .                                 | 62,738,233     | END OF YEAR MARKET VALUE                                     |
| (3) Other _____   |                |  |
| (A) _____   |                |  |
| (B) _____   |                |  |
| (C) _____   |                |  |
| (D) _____   |                |  |
| (E) _____   |                |  |
| (F) _____   |                |  |
| (G) _____   |                |  |
| (H) _____   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► | 62,738,233     |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) BORROWERS FUND  | 6,107,170      | END OF YEAR MARKET VALUE                                     |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► | 6,107,170      |  |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) RECEIVABLE FROM GCF   | 2,464,940      |
| (2) RECEIVABLE FROM RSF CAPT MGMT   | 1,229,225      |
| (3) RECEIVABLE FROM SIF   | 19,027,322     |
| (4) RECEIVABLE FROM CAM LLC   | 7,486,306      |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ► | 30,207,793     |

**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) PAYABLE TO GCF  | 586,934        |
| (3) PAYABLE TO RSF CAPITAL MGMT   | 308            |
| (4) PAYABLE TO SIF  | 36,031,091     |
| (5) PAYABLE TO CAM LLC  | 11,018,990     |
| (6) OTHER LIABILITIES   | 100            |
| (7) REIMBURSEMENTS  | (167,296)      |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | 47,470,127     |

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |           |  |
|----------|--|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |           |  |
|----------|---|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

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| Return Reference - Identifier                                 | Explanation  |
|---|--|
| SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS | TO FULFILL ORGANIZATION'S MISSION  |
| SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE        | <p>RSF AND AFFILIATES (EXCLUDING SEI, CMP, CAM LLC, MML AND MFL) ARE QUALIFIED ORGANIZATIONS EXEMPT FROM FEDERAL AND CALIFORNIA INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE. RSF IS AN ORGANIZATION DESCRIBED UNDER IRC SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI). BOTH GCF AND SIF ARE ORGANIZATIONS AS DESCRIBED WITHIN IRC SECTION 509(A)(3).</p> <p>SEI AND CMP PAY BOTH FEDERAL AND STATE INCOME TAX ON ITS TAXABLE INCOME. INCOME TAXES ARE PROVIDED FOR THE TAX EFFECT OF TRANSACTIONS REPORTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AND CONSIST OF TAXES CURRENTLY DUE PLUS DEFERRED TAXES. DEFERRED TAXES ARE RECOGNIZED FOR DIFFERENCES BETWEEN THE BASIS OF ASSETS AND LIABILITIES FOR FINANCIAL AND INCOME TAX REPORTING PURPOSES. THE DEFERRED TAX ASSETS AND LIABILITIES REPRESENT FUTURE TAX RETURN CONSEQUENCES OF THOSE DIFFERENCES, WHICH WILL EITHER BE TAXABLE OR DEDUCTIBLE WHEN THE ASSETS AND LIABILITIES ARE RECOVERED OR SETTLED. A VALUATION ALLOWANCE IS ESTABLISHED AGAINST DEFERRED TAX ASSETS IF, IN MANAGEMENT'S OPINION, IT IS MORE LIKELY THAN NOT THAT ALL OR A PORTION OF SUCH DEFERRED TAX ASSETS WILL NOT BE FULLY REALIZED.</p> <p>CAM LLC IS A LIMITED LIABILITY COMPANY AND IS NOT SUBJECT TO INCOME TAXES. FEDERAL AND STATE INCOME TAX STATUTES REQUIRE THAT THE INCOME OR LOSS OF CAM LLC BE INCLUDED IN THE TAX RETURNS OF THE MEMBERS. EACH MEMBER IS INDIVIDUALLY RESPONSIBLE FOR REPORTING INCOME OR LOSS, TO THE EXTENT REQUIRED BY THE FEDERAL AND STATE INCOME TAX LAWS AND REGULATIONS, BASED UPON ITS RESPECTIVE SHARE OF THE COMPANY'S INCOME AND EXPENSE AS REPORTED FOR INCOME TAX PURPOSES.</p> <p>ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. TAX BENEFITS WILL BE RECOGNIZED ONLY IF A TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT DECEMBER 31, 2016 AND 2015.</p> <p>RSF AND AFFILIATES WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. RSF AND AFFILIATES HAVE NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015. RSF AND AFFILIATES DO NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS.</p> <p>RSF AND AFFILIATES ARE SUBJECT TO EXAMINATION FOR 2013, 2014 AND 2015 TAX YEARS BY FEDERAL TAXING AUTHORITIES AND FOR THE 2012, 2013, 2014, AND 2015 TAX YEARS BY CALIFORNIA TAXING AUTHORITIES. IF SUCH EXAMINATION RESULTS IN CHANGES TO THEIR REPORTED INCOME OR LOSS, THE TAX LIABILITY COULD BE CHANGED ACCORDINGLY.</p> |

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

RUDOLF STEINER FOUNDATION, INC.

Employer identification number

13-6082763

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) CENTRAL AMERICA AND THE CARIBBEAN                       | 0                                   | 0  | GRANTMAKING  |  | 179,000  |
| (2) EAST ASIA AND THE PACIFIC                               | 0                                   | 0  | GRANTMAKING  |  | 1,410,402  |
| (3) EUROPE (INCLUDING ICELAND AND GREENLAND)                | 0                                   | 0  | GRANTMAKING  |  | 1,142,704  |
| (4) NORTH AMERICA (CANADA & MEXICO ONLY)                    | 0                                   | 0  | GRANTMAKING  |  | 95,076   |
| (5) RUSSIA AND NEIGHBORING STATES                           | 0                                   | 0  | GRANTMAKING  |  | 76,727   |
| (6) SOUTH AMERICA   | 0                                   | 0  | GRANTMAKING  |  | 515,500  |
| (7) SOUTH ASIA  | 0                                   | 0  | GRANTMAKING  |  | 80,000   |
| (8) SUB-SAHARAN AFRICA                                      | 0                                   | 0  | GRANTMAKING  |  | 125,000  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Sub-total . . . . .                               | 0                                   | 0  |  |  | 3,624,409  |
| <b>b</b> Total from continuation sheets to Part I . . . . . | 0                                   | 0  |  |  | 0  |
| <b>c Totals</b> (add lines 3a and 3b)                       | 0                                   | 0  |  |  | 3,624,409  |

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1</b> | <b>(a)</b> Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | <b>(c)</b> Region | <b>(d)</b> Purpose of grant | <b>(e)</b> Amount of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of noncash assistance | <b>(h)</b> Description of noncash assistance | <b>(i)</b> Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (2)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (3)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (4)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (5)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (6)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (7)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (8)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (9)      |                                 |   |                   |                             |                                 |  |   |  |  |
| (10)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (11)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (12)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (13)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (14)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (15)     |                                 |   |                   |                             |                                 |  |   |  |  |
| (16)     |                                 |   | (SEE STATEMENT)   |                             |                                 |  |   |  |  |

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶** 43

**3** Enter total number of other organizations or entities . . . . . **▶** 21

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1)                             |            |                          |                          |                                 |                                  |                                       |   |
| (2)                             |            |                          |                          |                                 |                                  |                                       |   |
| (3)                             |            |                          |                          |                                 |                                  |                                       |   |
| (4)                             |            |                          |                          |                                 |                                  |                                       |   |
| (5)                             |            |                          |                          |                                 |                                  |                                       |   |
| (6)                             |            |                          |                          |                                 |                                  |                                       |   |
| (7)                             |            |                          |                          |                                 |                                  |                                       |   |
| (8)                             |            |                          |                          |                                 |                                  |                                       |   |
| (9)                             |            |                          |                          |                                 |                                  |                                       |   |
| (10)                            |            |                          |                          |                                 |                                  |                                       |   |
| (11)                            |            |                          |                          |                                 |                                  |                                       |   |
| (12)                            |            |                          |                          |                                 |                                  |                                       |   |
| (13)                            |            |                          |                          |                                 |                                  |                                       |   |
| (14)                            |            |                          |                          |                                 |                                  |                                       |   |
| (15)                            |            |                          |                          |                                 |                                  |                                       |   |
| (16)                            |            |                          |                          |                                 |                                  |                                       |   |
| (17)                            |            |                          |                          |                                 |                                  |                                       |   |
| (18)                            |            |                          |                          |                                 |                                  |                                       |   |

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*. . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(SEE STATEMENT)

Horizontal dashed lines for supplemental information.



**Part II**

**Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region                     | (d)<br>Purpose of grant   | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|-----------------------------------|---|-----------------------------|------------------------------------|--------------------------------------|---|--|
| (1)                         |                                 | CENTRAL AMERICA AND THE CARIBBEAN | FOR SUPPORT OF THE RAPID SECURITY AND ADVOCACY GRANTMAKING PROGRAMS, AS PER YOUR PROPOSAL   | 25,000                      | WIRE                               |                                      |   |  |
| (2)                         |                                 | CENTRAL AMERICA AND THE CARIBBEAN | FOR URGENT AND STRATEGIC SUPPORT TO INDIGENOUS WOMEN ENVIRONMENTAL AND BIOCULTURAL PROTECTORS IN LATIN AMERICA, AS PER YOUR PROPOSAL        | 25,000                      | WIRE                               |                                      |   |  |
| (3)                         |                                 | CENTRAL AMERICA AND THE CARIBBEAN | TO SUPPORT SALVADORAN NATIONAL INDIGENOUS COORDINATING COUNCIL (CCNIS), STRENGTHENING THE KNOWLEDGE OF INDIGENOUS PEOPLES ON CLIMATE CHANGE | 30,000                      | WIRE                               |                                      |   |  |
| (4)                         |                                 | CENTRAL AMERICA AND THE CARIBBEAN | TO SUPPORT THE WORK OF THE INDIGENOUS WAYS OF KNOWING AND LEARNING GUIDING COMMITTEE  | 9,000                       | WIRE                               |                                      |   |  |
| (5)                         |                                 | CENTRAL AMERICA AND THE CARIBBEAN | TO SUPPORT ADMINISTRATION OF THE INDIGENOUS WAYS OF KNOWING AND LEARNING INITIATIVE, AS PER YOUR PROPOSAL                                   | 90,000                      | WIRE                               |                                      |   |  |
| (6)                         |                                 | EAST ASIA AND THE PACIFIC         | TO SUPPORT URGENT REGRANTING FOR ACTIVISTS UNDER THREAT IN INDONESIA, PHILIPPINES, AND THE MEKONG, AS PER YOUR PROPOSAL                     | 35,000                      | WIRE                               |                                      |   |  |
| (7)                         |                                 | EAST ASIA AND THE PACIFIC         | TO SUPPORT STRENGTHENING INDIGENOUS PEOPLES' TRADITIONAL KNOWLEDGE AND ADAPTION TO CLIMATE CHANGE, AS PER YOUR PROPOSAL                     | 15,000                      | WIRE                               |                                      |   |  |
| (8)                         |                                 | EAST ASIA AND THE PACIFIC         | TO SUPPORT FOREST PROTECTORS IN CAMBODIA, AS PER YOUR PROPOSAL  | 25,000                      | WIRE                               |                                      |   |  |
| (9)                         |                                 | EAST ASIA AND                     | TO SUPPORT  | 250,000                     | WIRE                               |                                      |   |  |

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region             | (d)<br>Purpose of grant   | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|---------------------------|---|-----------------------------|------------------------------------|--------------------------------------|---|--|
|                             |                                 | THE PACIFIC               | "STRENGTHENING AMAN'S DECISION MAKING PROCESS AND DEFENDING INDIGENOUS RIGHTS" AS PER YOUR PROPOSAL   |                             |                                    |                                      |   |  |
| (10)                        |                                 | EAST ASIA AND THE PACIFIC | FOR PRESERVING THE ANCESTORS' GRAND CULTURAL HERITAGE IN CONTEMPORARY MANNERS IN COLLABORATION WITH BPAN  | 30,000                      | WIRE                               |                                      |   |  |
| (11)                        |                                 | EAST ASIA AND THE PACIFIC | TO SUPPORT CONSTRUCTION COSTS FOR THE WAKA HOURUA - VOYAGING CANOE, AS DESCRIBED IN THE PROJECT PROPSAL   | 134,412                     | WIRE                               |                                      |   |  |
| (12)                        |                                 | EAST ASIA AND THE PACIFIC | TO SUPPORT THE MELANESIA OCEANIA FESTIVAL, AS PER YOUR PROPOSAL   | 30,000                      | WIRE                               |                                      |   |  |
| (13)                        |                                 | EAST ASIA AND THE PACIFIC | TO SUPPORT THE FOOD IS LIFE MELANESIA PROJECT, AS PER YOUR PROPOSAL   | 38,850                      | WIRE                               |                                      |   |  |
| (14)                        |                                 | EAST ASIA AND THE PACIFIC | FOR PROTECTING THE SACREDNESS AND RICHNESS OF THE FORESTS OF THE MANDAYA TO STRENGTHEN TRADITIONAL KNOWLEDGE AND ENHANCE CLIMATE RESILIENCE, AS PER YOUR PROPOSAL                                 | 30,000                      | WIRE                               |                                      |   |  |
| (15)                        |                                 | EAST ASIA AND THE PACIFIC | TO SUPPORT PROMOTION OF TRADITIONAL KNOWLEDGE AND CULTURAL PRACTICES FOR SUSTAINABLE MANAGEMENT OF FOREST AND NATURAL RESOURCES THROUGH COMMUNITY BASED MONITORING AND INFORMATION SYSTEM (CBMIS) | 30,000                      | WIRE                               |                                      |   |  |
| (16)                        |                                 | EAST ASIA AND THE PACIFIC | FO FURTHER STRENGTHENING OF THE IMPLEMENTATION OF THE IPSSDD (INDIGENOUS PEOPLES SUSTAINABLE, SELF-DETERMINED   | 400,000                     | WIRE                               |                                      |   |  |

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region                            | (d)<br>Purpose of grant  | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|--|--|-----------------------------|------------------------------------|--------------------------------------|---|--|
|                             |                                 |  | DEVELOPMENT) AND ENHANCING THE IPSSDD FUND, AS PER YOUR PROPOSAL   |                             |                                    |                                      |   |  |
| (17)                        |                                 | EAST ASIA AND THE PACIFIC                | TO SUPPORT CENTRO JUVENTUDE COVALIMA'S WORK STRENGTHENING AND PROMOTION OF INDIGENOUS PEOPLES ARTS, CULTURE, AND NATURAL RESOURCE MANAGEMENT PRACTICES IN INDIA, TIMOR LESTE, TAIWAN, AND THAILAND | 30,000                      | WIRE                               |                                      |   |  |
| (18)                        |                                 | EAST ASIA AND THE PACIFIC                | TO SUPPORT STRENGTHENING ALPP REGIONAL NETWORK AND INDIGENOUS YOUTH EMPOWERMENT IN ASIA, AS DESCRIBED IN YOUR FUNDING PROPOSAL   | 350,000                     | WIRE                               |                                      |   |  |
| (19)                        |                                 | EAST ASIA AND THE PACIFIC                | FOR ENHANCING CLIMATE RESILIENCY AND STRENGTHENING FOOD SECURITY THROUGH TRADITIONAL KNOWLEDGE, IN PARTNERSHIP WITH TRINAMUL UNNAYAN SANGSTHA, AS PER THE PROJECT PROPOSAL                         | 12,140                      | WIRE                               |                                      |   |  |
| (20)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR ST. ETHELBURGA'S CENTRE CAPACITY BUILDING  | 40,000                      | WIRE                               |                                      |   |  |
| (21)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR SUPPORT OF JOHANNES-SCHULE-BERLIN  | 8,500                       | WIRE                               |                                      |   |  |
| (22)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT, AS PER YOUR FUND AGREEMENT  | 10,300                      | WIRE                               |                                      |   |  |
| (23)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT  | 9,000                       | WIRE                               |                                      |   |  |
| (24)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT  | 4,390                       | WIRE                               |                                      |   |  |
| (25)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR SUPPORT OF MBAGATHI STEINER SCHOOL   | 3,459                       | WIRE                               |                                      |   |  |
| (26)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT  | 8,000                       | WIRE                               |                                      |   |  |
| (27)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT  | 26,378                      | WIRE                               |                                      |   |  |
| (28)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT  | 400,000                     | WIRE                               |                                      |   |  |

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region                            | (d)<br>Purpose of grant   | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|--|---|-----------------------------|------------------------------------|--------------------------------------|---|--|
|                             |                                 | GREENLAND)                               |   |                             |                                    |                                      |   |  |
| (29)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT HERMANUS WALDORF SCHOOL  | 900                         | WIRE                               |                                      |   |  |
| (30)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT   | 25,310                      | WIRE                               |                                      |   |  |
| (31)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR SUPPORT OF WOW DAY  | 502                         | WIRE                               |                                      |   |  |
| (32)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROJECT SUPPORT   | 3,465                       | WIRE                               |                                      |   |  |
| (33)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT WALDORF-INSPIRED EDUCATION WORK WITH ROMA CHILDREN   | 25,000                      | WIRE                               |                                      |   |  |
| (34)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO ENCOURAGE THE UNDERSTANDING, PROMOTION, AND SUPPORT OF SPIRITUAL HUMANITARIANISM THROUGH THE FILM WAYFARERS, AS PER YOUR PROJECT PROPOSAL  | 50,000                      | WIRE                               |                                      |   |  |
| (35)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR PROTECTION OF INDIGENOUS ACTIVISTS UNDER THREAT   | 25,000                      | WIRE                               |                                      |   |  |
| (36)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | SUPPORTING PROTECTION OF INDIGENOUS RIGHTS DEFENDERS UNDER THREAT   | 25,000                      | WIRE                               |                                      |   |  |
| (37)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT THE ORGANIZING COSTS FOR THE PEOPLE'S ASSEMBLY ON THE FUTURE OF FOOD AND THE FUTURE OF THE PLANET WITH VARIOUS CIVIL SOCIETY ORGANIZATIONS FROM THE 14-16TH OF OCTOBER, 2016 | 10,000                      | WIRE                               |                                      |   |  |
| (38)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | SUPPORTING SAAMI CULTURAL LEADERSHIP AND THE 2017 SAAMI TRONDHEIM CONFERENCE  | 200,000                     | WIRE                               |                                      |   |  |
| (39)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT PROJECT LAVER - PROTECTING SAMI REINDEER HERDING AND CULTURE AGAINST MINING  | 25,000                      | WIRE                               |                                      |   |  |
| (40)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR SUPPORT OF PEACEFUL BAMBOO FAMILY, WITH \$15,000 FOR THE LAND   | 30,000                      | WIRE                               |                                      |   |  |

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region                            | (d)<br>Purpose of grant   | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|--|---|-----------------------------|------------------------------------|--------------------------------------|---|--|
|                             |                                 |  | PURCHASE FOR THE ADOLESCENT PROGRAM AND \$15,000 FOR THE OPERATING COSTS OF THE ADOLESCENT PROGRAM  |                             |                                    |                                      |   |  |
| (41)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT THE TRANSLATION COSTS OF ANTHOLOGIES OF MATERIAL TAKEN FROM THE BOOKS AND LECTURES OF RUDOLF STEINER AS DESCRIBED IN YOUR PROPOSAL | 7,500                       | WIRE                               |                                      |   |  |
| (42)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT THE PRIMORDIAL WISDOM PROJECT  | 150,000                     | WIRE                               |                                      |   |  |
| (43)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | TO SUPPORT SICILIA INTEGRA: HOLISTIC INTEGRATION OF MIGRANTS THROUGH CAPACITY BUILDING ACTIVITIES   | 25,000                      | WIRE                               |                                      |   |  |
| (44)                        |                                 | EUROPE (INCLUDING ICELAND AND GREENLAND) | FOR THE INTERNATIONAL NETWORK OF MOUNTAIN INDIGENOUS PEOPLES WALKING WORKSHOP   | 30,000                      | WIRE                               |                                      |   |  |
| (45)                        |                                 | NORTH AMERICA (CANADA & MEXICO ONLY)     | TO SUPPORT THE BC TRIBAL PARKS 2015 SUMMIT  | 10,000                      | WIRE                               |                                      |   |  |
| (46)                        |                                 | NORTH AMERICA (CANADA & MEXICO ONLY)     | TO PROVIDE TECHNICAL ASSISTANCE TO THE COOPS OF THE LA UNIÓN COFFEE GROUP IN CHIAPAS, AS PER YOUR PROPOSAL                                    | 60,076                      | WIRE                               |                                      |   |  |
| (47)                        |                                 | NORTH AMERICA (CANADA & MEXICO ONLY)     | FOR "PROTECTING MAIZE IN MEXICO"  | 25,000                      | WIRE                               |                                      |   |  |
| (48)                        |                                 | RUSSIA AND NEIGHBORING STATES            | TO SUPPORT THE KEZER TASH ("STONE KNIGHT") PROJECT, AS PER YOUR PROPOSAL  | 26,727                      | WIRE                               |                                      |   |  |
| (49)                        |                                 | RUSSIA AND NEIGHBORING STATES            | TO SUPPORT ARUSVATY ETHNO-CULTURAL SCIENTIFIC EDUCATION CENTER OF THE OT-OCHOK CENTER   | 50,000                      | WIRE                               |                                      |   |  |
| (50)                        |                                 | SOUTH AMERICA                            | TO SUPPORT INDIGENOUS WOMEN PEACE SEEDERS WITH JUSTICE AND DIGNITY  | 30,000                      | WIRE                               |                                      |   |  |
| (51)                        |                                 | SOUTH AMERICA                            | TO SUPPORT AWAKING THE  | 25,500                      | WIRE                               |                                      |   |  |

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region | (d)<br>Purpose of grant   | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|---------------|---|-----------------------------|------------------------------------|--------------------------------------|---|--|
|                             |                                 |               | POTENTIAL OF THE SLEEPING DRAGON COMMUNITY CENTER, AS PER YOUR PROPOSAL   |                             |                                    |                                      |   |  |
| (52)                        |                                 | SOUTH AMERICA | TO SUPPORT STRENGTHENING THE LLAGUEPULLI FAMILY ECONOMY AND NUTRITION BASED ON THE MAPUCHE KNOWLEDGE  | 30,000                      | WIRE                               |                                      |   |  |
| (53)                        |                                 | SOUTH AMERICA | TO SUPPORT ESTABLISHING A STRATEGIC PLAN, AN INMIP SECRETARIAT, AND CONTINUATION OF INMIP WALKING WORKSHOPS, AS PER YOUR FUNDING PROPOSAL       | 50,000                      | WIRE                               |                                      |   |  |
| (54)                        |                                 | SOUTH AMERICA | TO SUPPORT THE GLOBAL LEADERSHIP SCHOOL (\$300,000) AND THE AYNÍ FUND (\$50,000), AS DESCRIBED IN THE GRANT PROPOSAL                            | 350,000                     | WIRE                               |                                      |   |  |
| (55)                        |                                 | SOUTH AMERICA | TO SUPPORT THE PROJECT "CREATIVE ARTS FROM THE INDIGENOUS COSMOVISION AS SPIRITUAL HEALING," AS PER YOUR PROPOSAL                               | 30,000                      | WIRE                               |                                      |   |  |
| (56)                        |                                 | SOUTH ASIA    | TO SUPPORT SEED GROWING AND INDIGENOUS AGROBIODIVERSITY PRACTICES, THE TUNNEL GREENHOUSES FOR SEED GROWING, AS PER YOUR PROJECT PROPSAL         | 35,000                      | WIRE                               |                                      |   |  |
| (57)                        |                                 | SOUTH ASIA    | FOR DEFINING FIRE (SACRED CULTURAL FESTIVAL)  | 15,000                      | WIRE                               |                                      |   |  |
| (58)                        |                                 | SOUTH ASIA    | TO SUPPORT THE INITIATIVE GROUP OF BUYRAT CULTURAL PRACTITIONERS YAZGUUR'S PROJECT "NOMADIC SCHOOL OF CREATIVITY YAZGUUR," AS PER YOUR PROPOSAL | 20,000                      | WIRE                               |                                      |   |  |

| (a)<br>Name of Organization | (b)<br>IRS code section and EIN | (c)<br>Region      | (d)<br>Purpose of grant   | (e)<br>Amount of cash grant | (f)<br>Manner of cash disbursement | (g)<br>Amount of non-cash assistance | (h)<br>Description of non-cash assistance | (i)<br>Method of valuation (book, FMV, appraisal, other) |
|-----------------------------|---------------------------------|--------------------|---|-----------------------------|------------------------------------|--------------------------------------|---|--|
| (59)                        |                                 | SOUTH ASIA         | FOR SUPPORT OF TASHI WALDORF SCHOOL   | 10,000                      | WIRE                               |                                      |   |  |
| (60)                        |                                 | SUB-SAHARAN AFRICA | TO SUPPORT COMMUNITY ORGANIZING FOR THE LAKE TURKANA WIND POWER (LTWP) PROJECT, AND THE PROPOSED ISILO MEGA DAM   | 15,000                      | WIRE                               |                                      |   |  |
| (61)                        |                                 | SUB-SAHARAN AFRICA | TO SUPPORT EVITALIZING AND PROMOTING CULTURAL HERITAGE, CULTURAL RIGHTS, INDIGENOUS KNOWLEDGE TRANSMISSION, ENTERTAINMENT AND PEACE BUILDING THROUGH INNOVATIVE ARTISTIC EXPRESSIONS AND EXPLORATIONS   | 30,000                      | WIRE                               |                                      |   |  |
| (62)                        |                                 | SUB-SAHARAN AFRICA | TO SUPPORT THE INDIGENOUS WOMEN'S BIODIVERSITY NETWORK FOR TRAVEL TO CONFERENCES  | 25,000                      | WIRE                               |                                      |   |  |
| (63)                        |                                 | SUB-SAHARAN AFRICA | FOR SAUTI YA NYUKI PROMOTION AND APPLICATION OF INDIGENOUS APICULTURAL KNOWLEDGE TO REVITALIZE TRADITIONAL ECOLOGICAL GOVERNANCE SYSTEMS AND PRACTICES IN ORDER TO SAFEGUARD THE SACRED MONTANE FORESTS OF OL DAIGA, GOTU, OLOLOKWE AND NGURNIT IN THE NORTHERN DESERT MOSAICS OF KENYA, AS DESCRIBED IN THE PROJECT PROPOSAL | 30,000                      | WIRE                               |                                      |   |  |
| (64)                        |                                 | SUB-SAHARAN AFRICA | TO SUPPORT THE XOLOBENI "NO TO MINING" CAMPAIGN   | 25,000                      | WIRE                               |                                      |   |  |

Part V

**Supplemental Information.** Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference - Identifier   | Explanation  |
|---|--|
| <p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>                      | <p>ORGANIZATION ONLY MAKES GRANTS TO FOREIGN CHARITABLE EQUIVALENT ORGANIZATIONS. RSF PRACTICES EQUIVALENCY DETERMINATION TO BE SURE THAT FOREIGN ORGANIZATIONS ARE SERVING A CHARITABLE PURPOSE OUTSIDE OF THE U.S. THE ORGANIZATION COLLECTS THEIR ORGANIZATIONAL BYLAWS AND ARTICLES OF INCORPORATION AS WELL AS THEIR GOVERNMENTAL DECREE OR CERTIFICATE EVIDENCING THAT THEY ARE A CHARITABLE ENTITY IN THEIR COUNTRY. RSF ALSO REQUIRES THAT FOREIGN GRANTEEES SIGN A FOREIGN GRANT AGREEMENT THAT STATES THAT ALL GRANT FUNDS WILL BE USED FOR CHARITABLE PURPOSES AND MAY NOT BE USED TO INFLUENCE LEGISLATION OR A POLITICAL CAMPAIGN. FOREIGN GRANTEEES ARE REQUIRED TO REPORT TO RSF AFTER 6 MONTHS AND EVERY 6 MONTHS THEREAFTER UNTIL THE FULL GRANT HAS BEEN SPENT. RSF REQUIRES A NARRATIVE AS WELL AS A FINANCIAL REPORT ON HOW THE GRANT FUNDS WERE USED.</p> |
| <p>SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>  | <p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL<br/>           EAST ASIA AND THE PACIFIC: ACCRUAL<br/>           EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL<br/>           NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL<br/>           RUSSIA AND NEIGHBORING STATES: ACCRUAL<br/>           SOUTH AMERICA: ACCRUAL<br/>           SOUTH ASIA: ACCRUAL<br/>           SUB-SAHARAN AFRICA: ACCRUAL</p>  |
| <p>SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p> | <p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL<br/>           EAST ASIA AND THE PACIFIC: ACCRUAL<br/>           EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL<br/>           NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL<br/>           RUSSIA AND NEIGHBORING STATES: ACCRUAL<br/>           SOUTH AMERICA: ACCRUAL<br/>           SOUTH ASIA: ACCRUAL<br/>           SUB-SAHARAN AFRICA: ACCRUAL</p>  |



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

RUDOLF STEINER FOUNDATION, INC.

Employer identification number

13-6082763

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| <b>(1)</b> 350 PDX<br>1820 NE 21ST AVE, PORTLAND, OR 97212                                     | 46-4120269 | 501(C)(3)                       | 50,000                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(2)</b> AHA PUNANA LEO<br>96 PU'UHONU PLACE, HILO, HI 96720                                 | 99-0226111 | 501(C)(3)                       | 275,000                  |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(3)</b> AMERICAN SOCIETY FOR TECHNION<br>55 EAST 59TH ST, NEW YORK, NY 10022                | 13-0434195 | 501(C)(3)                       | 68,750                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(4)</b> AMERICAN SOCIETY FOR TECHNION<br>55 EAST 59TH ST, NEW YORK, NY 10022                | 13-0434195 | 501(C)(3)                       | 68,750                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(5)</b> AMERICAN SOCIETY FOR TECHNION<br>55 EAST 59TH ST, NEW YORK, NY 10022                | 13-0434195 | 501(C)(3)                       | 41,667                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(6)</b> ANGELIC ORGANICS LEARNING CENTER, INC<br>1547 ROCKTON RD, CALEDONIA, IL 61011       | 36-4288904 | 501(C)(3)                       | 10,000                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(7)</b> ANTHROPOSOPHICAL SOCIETY IN AMERICA<br>1923 GEDDES AVENUE, ANN ARBOR, MI 48104-1797 | 13-1628147 | 501(C)(3)                       | 25,000                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(8)</b> ASPEN WALDORF FOUNDATION, INC.<br>16543 STATE HWY 82, CARBONDALE, CO 81623          | 84-1179460 | 501(C)(3)                       | 100,000                  |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(9)</b> ASYLUM ACCESS<br>1611 TELEGRAPH AVE, SUITE 1111, OAKLAND, CA 94612                  | 20-3642040 | 501(C)(3)                       | 25,000                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(10)</b> BALLE<br>2323 BROADWAY, OAKLAND, CA 94612  | 20-1544255 | 501(C)(3)                       | 20,000                   |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(11)</b> BALLE<br>2323 BROADWAY, OAKLAND, CA 94612  | 20-1544255 | 501(C)(3)                       | 7,500                    |                                   |   |                                       | (SEE STATEMENT)                    |
| <b>(12)</b> (SEE STATEMENT)  |            |                                 |                          |                                   |   |                                       |                                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 156

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2016)



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance   |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (12) BAY AREA CENTER FOR WALDORF TEACHER TRAINING<br>P.O. BOX 21265, EL SOBRANTE, CA 94820       | 94-3399888 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST   |
| (13) BIO-R USA<br>1751 BOLLINGER LANE, SEBASTOPOL, CA 95472                                      | 80-0685609 | 501(C)(3)                        | 6,120                       |                                      |  |   | TO SUPPORT BLUE HEART LABS, FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL  |
| (14) BLUE DEER CENTER<br>P.O. BOX 905, 1155 COUNTY ROUTE 6, MARGARETVILLE, NY 12455              | 22-3741704 | 501(C)(3)                        | 100,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORTING FOR THE COLLEGE  |
| (15) CALIFORNIA INSTITUTE FOR RURAL STUDIES<br>PO BOX 1047, DAVIS, CA 95617-1047                 | 94-2446268 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL  |
| (16) CANTICLE FARM<br>1968 36TH AVE, OAKLAND, CA 94601   | 46-1484633 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (17) CARBON CYCLE INSTITUTE<br>245 KENTUCKY STREET, SUITE D, PETALUMA, CA 94952                  | 46-2694752 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (18) CENTER FOR ANTHROPOLOGY<br>P.O. BOX 545, WILTON, NH 03086-0545                              | 04-3341510 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT THE ANTIOCH WALDORF TEACHER TRAINING   |
| (19) CENTER FOR ANTHROPOLOGY<br>P.O. BOX 545, WILTON, NH 03086-0545                              | 04-3341510 | 501(C)(3)                        | 7,000                       |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST   |
| (20) CENTER FOR CONTEXTUAL STUDIES<br>69 BARTLETT BAY ROAD, SOUTH BURLINGTON, VT 05403           | 80-0451153 | 501(C)(3)                        | 35,000                      |                                      |  |   | TO SUPPORT THE RESEARCH AND WORK OF JON MCALICE, TO CONTINUE HIS WORK ON QUESTIONS PERTAINING TO THE FUTURE OF THE ANTHROPOLOGICAL MOVEMENT HOW HE SEES FIT |
| (21) CENTER FOR MIND BODY MEDICINE<br>5225 CONNECTICUT AVE., NW, SUITE 415, WASHINGTON, DC 20015 | 52-1755744 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO FUND AN "INITIAL TRAINING IN JORDAN" FOR SYRIAN REFUGEES   |
| (22) CENTER FOR MIND BODY MEDICINE<br>5225 CONNECTICUT AVE., NW, SUITE 415, WASHINGTON, DC 20015 | 52-1755744 | 501(C)(3)                        | 13,000                      |                                      |  |   | FOR GREATER STANDING ROCK/ BISMARCK/ MANDAN/ MISSOURI RIVER AREA HEALING CIRCLES  |
| (23) CENTER FOR REGENERATIVE AGRICULTURE<br>P.O. BOX 973, OJAI, CA 93024                         | 03-0438828 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |

| (a)<br>Name and address of organization or government   | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance   |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (24) CERES COMMUNITY PROJECT<br>7351 BODEGA AVE, SEBASTOPOL, CA 95472                               | 26-2250997 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT CERES COMMUNITY PROJECT, ALAMEDA PROGRAM SITE  |
| (25) CHARLOTTE MAXWELL COMPLEMENTARY CLINIC<br>610 16TH STREET, SUITE 426, OAKLAND, CA 94612        | 94-3116456 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (26) CITY LIFE/VIDA URBANA<br>P.O. BOX 300107, JAMAICA PLAIN, MA 02130                              | 04-2660311 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR BOSTON UJIMA PROJECT  |
| (27) CLEAN WATER LEGACY<br>P.O. BOX 591, RAPID CITY, SD 57709                                       | 47-0982430 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT THE BLACK HILLS CLEAN WATER ALLIANCE   |
| (28) CLEAN WATER LEGACY<br>P.O. BOX 591, RAPID CITY, SD 57709                                       | 47-0982430 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT THE BLACK HILLS CLEAN WATER ALLIANCE, FOR THE ATLAS AND OTHER PRIORITIES   |
| (29) COLLECTIVE HERITAGE INSTITUTE<br>1607 PASEO DE PERALTA, SUITE 3, SANTA FE, NM 87501            | 85-0432731 | 501(C)(3)                        | 40,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (30) COLLECTIVE HERITAGE INSTITUTE<br>1607 PASEO DE PERALTA, SUITE 3, SANTA FE, NM 87501            | 85-0432731 | 501(C)(3)                        | 6,000                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (31) COLLEGE OF MENOMINEE NATION<br>ADVANCEMENT OFFICE, P.O. BOX 1179, KESHENA, WI 54135-1179       | 39-1773613 | 501(C)(3)                        | 29,700                      |                                      |  |   | FOR PROJECT SUPPORT OF "THE MENOMINEE PATH TO CLIMATE RESILIENCY IS FOUND WITHIN THE MENOMINEE LANGUAGE"                        |
| (32) COMMON COUNSEL FOUNDATION<br>1624 FRANKLIN STREET, #1022, OAKLAND, CA 94612                    | 94-3214166 | 501(C)(3)                        | 7,446                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF THE KINDLE PROJECT   |
| (33) COMMONSENSE CHILDBIRTH<br>213 S. DILLARD ST, SUITE 340, WINTER GARDEN, FL 34787                | 59-3479821 | 501(C)(3)                        | 7,000                       |                                      |  |   | TO SUPPORT CHANGING WOMAN INITIATIVE, AND THEIR WORK ORGANIZING MIDWIFERY AND WOMAN'S HEALTH SUPPORT AT THE SACRED STONE CAMP   |
| (34) COMMONWEAL<br>P.O. BOX 316, BOLINAS, CA 94924  | 94-2366094 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT SAFETYNEST   |
| (35) COMMONWEAL<br>P.O. BOX 316, BOLINAS, CA 94924  | 94-2366094 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT POWER OF HOPE SUMMER CAMP  |
| (36) COMMUNITY ALLIANCE FOR GLOBAL JUSTICE<br>606 MAYNARD AVE S, #102, SEATTLE, WA 98104            | 20-3770707 | 501(C)(3)                        | 7,500                       |                                      |  |   | TO SUPPORT AFRICAN PARTNERSHIPS, PUBLISH RESEARCH, STRATEGIC PLANNING AND STORY-TELLING WITH AN EMPHASIS ON AFRICAN AGROECOLOGY |
| (37) COMMUNITY FOUNDATION OF NORTH CENTRAL MASSACHUSETTS<br>649 JOHN FITCH HWY, FITCHBURG, MA 01420 | 04-3537449 | 501(C)(3)                        | 30,000                      |                                      |  |   | TO ESTABLISH A DONOR ADVISED FUND - THE WALBRIDGE FUND  |

| (a)<br>Name and address of organization or government   | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance  |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (38) COMMUNITY FOUNDATION OF TOMPKINS COUNTY<br>200 E. BUFFALO STREET, SUITE 202,<br>ITHACA, NY 14850 | 16-1587553 | 501(C)(3)                        | 12,000                      |                                      |  |   | TO SUPPORT THE STREBEL FUND FOR COMMUNITY ENRICHMENT   |
| (39) COMMUNITY INVOLVED IN SUSTAINING AGRICULTURE<br>1 SUGARLOAF ST., SOUTH DEERFIELD, MA 01373       | 04-3416862 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR SUPPORT OF THE DIVERSITY INITIATIVE  |
| (40) CONFLUENCE<br>1109 E 5TH STREET, VANCOUVER, WA 98661   | 75-3008926 | 501(C)(3)                        | 7,200                       |                                      |  |   | TO SUPPORT AGILE RESILIENT COMMUNITIES AND KNOWLEDGE ECOLOGY:INTERFACE, FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL |
| (41) COOPERATIVE DEVELOPMENT INSTITUTE<br>P.O. BOX 1051, NORTHAMPTON, MA 01061-1051                   | 04-3241596 | 501(C)(3)                        | 30,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF THE NORTH QUABBIN COMMUNITY COOPERATIVE   |
| (42) CORPORATE ACCOUNTABILITY INTERNATIONAL<br>10 MILK STREET, SUITE 610, BOSTON, MA 02108            | 41-1322686 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (43) CREATIVE CATALYSTS PROJECT<br>300 MONTGOMERY STREET, SUITE 621,<br>SAN FRANCISCO, CA 94104       | 46-4926055 | 501(C)(3)                        | 7,500                       |                                      |  |   | TO SUPPORT THE BUREAU OF LINGUISTICAL REALITY PROJECT  |
| (44) CREATIVE CATALYSTS PROJECT<br>300 MONTGOMERY STREET, SUITE 621,<br>SAN FRANCISCO, CA 94104       | 46-4926055 | 501(C)(3)                        | 6,450                       |                                      |  |   | TO SUPPORT AMPLIFYING COP21  |
| (45) CULTURAL SURVIVAL<br>P.O. BOX 381569, CAMBRIDGE, MA 02238  | 23-7182593 | 501(C)(3)                        | 50,000                      |                                      |  |   | TO SUPPORT INDIGENOUS MEDIA COVERAGE   |
| (46) CULTURETRUST GREATER PHILADELPHIA<br>1315 WALNUT STREET, SUITE 320,<br>PHILADELPHIA, PA 19107    | 46-3109411 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR WARRIOR WRITERS  |
| (47) DAKOTA RESOURCE COUNCIL<br>1200 MISSOURI AVE, SUITE 201,<br>BISMARCK, ND 58504                   | 45-0363903 | 501(C)(3)                        | 60,000                      |                                      |  |   | TO SUPPORT THE STANDING ROCK PROTECTORS OF WATER AND EARTH RIGHTS  |
| (48) DEMETER ASSOCIATION, INC.<br>P.O. BOX 1390, PHILOMATH, OR 97370                                  | N/A        | 501(C)(3)                        | 19,400                      |                                      |  |   | TO REIMBURSE OUT OF POCKET EXPENSE FOR RETREAT FACILITATOR AND DEMETER'S FARMER EDUCATION EFFORTS  |
| (49) DETROIT WALDORF SCHOOL<br>2555 BURNS AVENUE, DETROIT, MI 48214                                   | 38-1790921 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST  |
| (50) EARTH ISLAND INSTITUTE<br>2150 ALLSTON WAY, SUITE 460,<br>BERKELEY, CA 94704-1302                | 94-2889684 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT FOOD SHIFT'S ALAMEDA KITCHEN PROJECT  |

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance   |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (51) EARTH ISLAND INSTITUTE<br>2150 ALLSTON WAY, SUITE 460,<br>BERKELEY, CA 94704-1302                           | 94-2889684 | 501(C)(3)                        | 7,200                       |                                      |  |   | FOR CORE SUPPORT TO FRIENDS OF MUONDE   |
| (52) ECOLOGIC DEVELOPMENT FUND<br>186 ALEWIFE BROOK PARKWAY, SUITE 214,<br>CAMBRIDGE, MA 02138                   | 25-1704582 | 501(C)(3)                        | 50,000                      |                                      |  |   | TO SUPPORT STRENGTHENING INDIGENOUS ENTERPRISE DEVELOPMENT  |
| (53) EDUCATION CONSERVANCY<br>805 SW BROADWAY, SUITE 1600,<br>PORTLAND, OR 97205                                 | 20-0710628 | 501(C)(3)                        | 40,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (54) ENVIRONMENTAL DEFENDER LAW CENTER<br>407 W. KOCH ST, BOZEMAN, MT 59705                                      | 27-0772454 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR REGRANTING FUND   |
| (55) ENVIRONMENTAL DEFENDER LAW CENTER<br>407 W. KOCH ST, BOZEMAN, MT 59705                                      | 27-0772454 | 501(C)(3)                        | 25,000                      |                                      |  |   | FOR STRATEGIC LITIGATION SUPPORT ON BEHALF OF COPINH  |
| (56) ENVIRONMENTAL LAW ALLIANCE WORLDWIDE<br>1412 PEARL ST, EUGENE, OR 97401                                     | 94-3116602 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR INDIGENOUS ATTORNEY SUPPORT   |
| (57) FARM AND WILDERNESS FOUNDATION ALUMNI AND DEVELOPMENT OFFIC, 263 FARM & WILDERNESS ROAD, PLYMOUTH, VT 05056 | 03-0228965 | 501(C)(3)                        | 45,000                      |                                      |  |   | FOR CAPITAL CAMPAIGN FOR TIMBERLAKE KITCHEN RENOVATIONS   |
| (58) FIBERSHED<br>P.O. BOX 221, SAN GERONIMO, CA 94963   | 45-3055196 | 501(C)(3)                        | 20,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (59) FIRST NATIONS DEVELOPMENT INSTITUTE<br>PO BOX 8601, DENVER, CO 80201  | 54-1254491 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT DINÉ COMMUNITY ADVOCACY ALLIANCE (DCAA)  |
| (60) FUND FOR IDAHO<br>P.O. BOX 769, BOISE, ID 83701-0769  | 47-0867817 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (61) GLOBAL CITIZEN YEAR<br>1625 CLAY STREET, SUITE 400, OAKLAND, CA 94612                                       | 26-3161342 | 501(C)(3)                        | 50,000                      |                                      |  |   | TO SUPPORT THE SCHOLARSHIP PROGRAM  |
| (62) GLOBAL GREENGRANTS FUND<br>2840 WILDERNESS PL., SUITE A, BOULDER, CO 80301                                  | 84-1612422 | 501(C)(3)                        | 50,000                      |                                      |  |   | TO SUPPORT THE MARINE PROGRAM   |
| (63) GLOBAL PURPOSE<br>3524 DUTCH WAY, CARMICHAEL, CA 95608  | 27-1840593 | 501(C)(3)                        | 5,500                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (64) GROUNDSWELL INTERNATIONAL<br>PO BOX 2257, ASHEVILLE, NC 28802   | 27-1493841 | 501(C)(3)                        | 8,000                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (65) GROWING GARDENS OF BOULDER COUNTY<br>P.O. BOX 1066, BOULDER, CO 80306                                       | 84-1454093 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (66) HABITAT FOR HUMANITY SAINT LOUIS<br>3763 FOREST PARK AVE., ST. LOUIS, MO 63108                              | 58-1735543 | 501(C)(3)                        | 5,400                       |                                      |  |   | FOR ONE3LED (ZACK TUCKER), FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL |

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance  |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (67) HAWTHORNE VALLEY ASSOCIATION DEVELOPMENT OFFICE, 327 COUNTY ROUTE 21 C, GHENT, NY 12075 | 13-2722428 | 501(C)(3)                        | 105,000                     |                                      |  |   | WITH \$100,000 AS A MATCHING GRANT TOWARD A SEED FUND FOR FUTURE CONSTRUCTION PURPOSES FOR THE HAWTHORNE VALLEY SCHOOL AND \$5,000 TO HAWTHORNE VALLEY ALKION CENTER FOR GENERAL OPERATING SUPPORT |
| (68) HAWTHORNE VALLEY ASSOCIATION DEVELOPMENT OFFICE, 327 COUNTY ROUTE 21 C, GHENT, NY 12075 | 13-2722428 | 501(C)(3)                        | 75,000                      |                                      |  |   | WITH \$50,000 FOR MATCHING GRANT SUPPORT TOWARDS CONSTRUCTION OF A NEW VISITING STUDENT DORMITORY AND \$25,000 FOR ALKION CENTER TOWARD NEW CONSTRUCTION NEEDS                                     |
| (69) HAWTHORNE VALLEY ASSOCIATION DEVELOPMENT OFFICE, 327 COUNTY ROUTE 21 C, GHENT, NY 12075 | 13-2722428 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR PROJECT SUPPORT OF THE CENTER FOR SOCIAL RENEWAL/AVALON INITIATIVE, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST   |
| (70) HAWTHORNE VALLEY ASSOCIATION DEVELOPMENT OFFICE, 327 COUNTY ROUTE 21 C, GHENT, NY 12075 | 13-2722428 | 501(C)(3)                        | 12,000                      |                                      |  |   | WITH \$10,000.00 FOR ALKION TO BE USED FOR PUBLISHING PURPOSES AND \$2,000.00 FOR FREE COLUMBIA FOR GENERAL OPERATING EXPENSES   |
| (71) HEBREW IMMIGRANT AID SOCIETY PENNSYLVANIA 2100 ARCH STREET, PHILADELPHIA, PA 19103      | 23-1405597 | 501(C)(3)                        | 70,000                      |                                      |  |   | TO SUPPORT "BEYOND RESETTLEMENT: CREATING AN ENDURING PATH TO SELF-SUFFICIENCY", AS PER YOUR PROPOSAL  |
| (72) HIGHLANDER RESEARCH & EDUCATION CENTER 1959 HIGHLANDER WAY, NEW MARKET, TN 37820        | 62-0646373 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT SURJ  |
| (73) HIMALAYAN MEDICAL FOUNDATION 608 PORTSIDE CT., LAFAYETTE, CO 80026                      | 84-1244003 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (74) HONOR THE EARTH PO BOX 63, 607 MAIN AVE, CALLAWAY, MN 56521                             | 45-4714238 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT THE INDIGENOUS COMMUNITIES WORKING TO PROTEST THE DAKOTA ACCESS PIPELINE  |
| (75) HONOR THE EARTH PO BOX 63, 607 MAIN AVE, CALLAWAY, MN 56521                             | 45-4714238 | 501(C)(3)                        | 6,000                       |                                      |  |   | FOR CONTINUED SUPPORT AT STANDING ROCK, ND IN DEFENSE AGAINST THE PROPOSED DAKOTA ACCESS PIPELINE  |



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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (76) HOPI TUTSKWA PERMACULTURE INSTITUTE<br>P.O. BOX 967, KYKOTSMOVI, AZ 86039                 | 47-4563866 | 501(C)(3)                        | 6,000                       |                                      |  |   | FOR SUPPORT OF ANCESTRAL LANDS CONSERVATION CORPS PROGRAM  |
| (77) HOUSATONIC VALLEY WALDORF SCHOOL<br>40 DODGINGTOWN ROAD, NEWTOWN, CT 06470                | 06-1310057 | 501(C)(3)                        | 14,940                      |                                      |  |   | FOR SUPPORT OF THE SCHOLARSHIP PROGRAM   |
| (78) HUMAN IMPACTS INSTITUTE<br>312 SOUTH THIRD STREET, #7, BROOKLYN, NY 11211                 | 45-2589652 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR CONTINUING WORK, IN ACCORDANCE WITH THE ITP BLOSSOMING POSSIBILITIES GRANT PROGRAM, OF BOTH HUMAN IMPACTS INSTITUTE AND MEMORIALS FOR WINTERS PAST |
| (79) I-ACT<br>1732 AVIATION BLVD, SUITE 138, REDONDO BEACH, CA 90278                           | 27-0469436 | 501(C)(3)                        | 25,000                      |                                      |  |   | TO SUPPORT THE LITTLE RIPPLES PROGRAM, A REFUGEE-LED EARLY CHILDHOOD EDUCATION PROGRAM   |
| (80) INDIGENOUS ENVIRONMENTAL NETWORK<br>P.O. BOX 485, BEMIDJI, MN 56619                       | 38-3653476 | 501(C)(3)                        | 30,000                      |                                      |  |   | TO SUPPORT THE INDIGENOUS COMMUNITIES WORKING TO PROTEST THE DAKOTA ACCESS PIPELINE  |
| (81) INQUIRING SYSTEMS, INC.<br>P.O. BOX 2037, SONOMA, CA 95476                                | 94-2524840 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT SAAFON: PHASE 2 ECONOMIC DEVELOPMENT  |
| (82) INQUIRING SYSTEMS, INC.<br>P.O. BOX 2037, SONOMA, CA 95476                                | 94-2524840 | 501(C)(3)                        | 6,300                       |                                      |  |   | TO SUPPORT DANCING WITHOUT BORDERS, FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL                                     |
| (83) INSIGHT PRODUCTIONS<br>P.O. BOX 96, MARLBORO, VT 05355                                    | 04-3392078 | 501(C)(3)                        | 7,000                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF THE GOOD GUY WITH A GUN FILM  |
| (84) INSTITUTE FOR CENTRAL AMERICAN STUDIES<br>P.O. BOX 1004, BERKELEY, CA 94701               | 94-3148520 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR STRATEGIC SUPPORT OF CALPI, IN ITS ADVOCACY AGAINST THE TRANS-OCEANIC CANAL IN NICARAGUA   |
| (85) INTERNATIONAL SOCIETY OF UNIFIED SCIENCE<br>1680 EAST ATKIN AVE, SALT LAKE CITY, UT 84106 | 41-1279713 | 501(C)(3)                        | 6,500                       |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST  |
| (86) INTERNEWS NETWORK<br>P.O. BOX 4448, ARCATA, CA 95518-4448                                 | 94-3027961 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR EARTH JOURNALISM NETWORK'S INDIGENOUS JOURNALISTS COVERAGE OF THE CONVENTION ON BIOLOGICAL DIVERSITY (CBD)   |



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|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (87) INTERNEWS NETWORK<br>P.O. BOX 4448, ARCATA, CA 95518-4448                                 | 94-3027961 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR EARTH JOURNALISM NETWORK, INDIGENOUS MEDIA COVERAGE AT IUCN  |
| (88) KE KULA 'O NAWAHIOKALANI'OPU'U<br>16-120 'OPUKAHA'IA STREET, SUITE 2,<br>KEA'AU, HI 96749 | N/A        | GOVERNMENT AGENCY                | 27,060                      |                                      |  |   | TO SUPPORT H'LAU I KA LEO OLA O N' MAMO, E OLA A LAUPA'I- LIVE LONG THE KNOWLEDGE OF THE ANCESTORS THROUGH THE DESCENDANTS   |
| (89) KOSMOS ASSOCIATES, INC.<br>PO BOX 2102, LENOX, MA 01240                                   | 90-0138256 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (90) LAND IS LIFE<br>93 4TH AVE #39, NEW YORK, NY 10003  | 22-3101280 | 501(C)(3)                        | 100,000                     |                                      |  |   | SUPPORT ON THE GROUND ORGANIZING AND ASSEMBLIES IN SAPARA AND SARAYAKU TERRITORIES, COMMUNICATION AND COALITION ORGANIZING TO PREVENT OIL DRILLING IN THE AMAZON AND TO SUPPORT LAND IS LIFE'S LATIN AMERICAN SMALL GRANTS PROGRAM |
| (91) LAND IS LIFE<br>93 4TH AVE #39, NEW YORK, NY 10003  | 22-3101280 | 501(C)(3)                        | 70,000                      |                                      |  |   | FOR VARIOUS COMMUNITY TERRITORY, LAND AND SEED DEFENSE INITIATIVES   |
| (92) LAND IS LIFE<br>93 4TH AVE #39, NEW YORK, NY 10003  | 22-3101280 | 501(C)(3)                        | 25,000                      |                                      |  |   | TO SUPPORT MEETINGS IN ECUADOR AROUND SEED SOVEREIGNTY, TO SUPPORT LOCAL FARMING INFRASTRUCTURE AND TRAVEL SUPPORT FOR LEADERS FROM ECURURNARI   |
| (93) MARIN COMMUNITY FOUNDATION<br>5 HAMILTON LNDG., #200, NOVATO, CA 94949-8246               | 94-3007979 | 501(C)(3)                        | 164,769                     |                                      |  |   | TO ESTABLISH A BOW OF GRATITUDE FUND   |
| (94) MARIN COMMUNITY FOUNDATION<br>5 HAMILTON LNDG., #200, NOVATO, CA 94949-8246               | 94-3007979 | 501(C)(3)                        | 98,801                      |                                      |  |   | TO ESTABLISH THE JUDITH ANNE KAPLAN FUND   |
| (95) MARIN COMMUNITY FOUNDATION<br>5 HAMILTON LNDG., #200, NOVATO, CA 94949-8246               | 94-3007979 | 501(C)(3)                        | 8,371                       |                                      |  |   | TO SUPPORT THE JUDITH ANNE KAPLAN FUND   |
| (96) MERCY FOR ANIMALS<br>8033 SUNSET BLVD, STE. 864, LOS ANGELES, CA 90046                    | 54-2076145 | 501(C)(3)                        | 250,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF ANIMAL ADVOCACY AND THE ELIMINATION OF FACTORY FARMING  |
| (97) MERCY FOR ANIMALS<br>8033 SUNSET BLVD, STE. 864, LOS ANGELES, CA 90046                    | 54-2076145 | 501(C)(3)                        | 145,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (98) MICHAEL FIELDS AGRICULTURAL INSTITUTE<br>P.O. BOX 990, EAST TROY, WI 53120-0990           | 39-1449246 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |

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| (99) MILTON ACADEMY<br>ALUMNI & DEVELOPMENT OFFICE, 170<br>CENTRE STREET, MILTON, MA 02186                          | 04-2103603 | 501(C)(3)                        | 10,000                      |                                      |  |   | WITH \$8,000 FOR DIVERSITY PROGRAM AND \$2,000 FOR ANNUAL FUND   |
| (100) MOVEMENT STRATEGY CENTER<br>436 14TH STREET 5TH FLOOR, OAKLAND,<br>CA 94612                                   | 20-1037643 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF GAMECHANGER LABS WHOSE FISCAL SPONSOR IS MOVEMENT STRATEGY CENTER                           |
| (101) MOVEMENT STRATEGY CENTER<br>436 14TH STREET 5TH FLOOR, OAKLAND,<br>CA 94612                                   | 20-1037643 | 501(C)(3)                        | 7,500                       |                                      |  |   | TO SUPPORT GAMECHANGER LABS  |
| (102) NAN TOLBERT NURTURING CENTER<br>P.O. BOX 285, OJAI, CA 93024  | 77-0544181 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (103) NAROPA UNIVERSITY<br>2130 ARAPAHOE AVENUE, BOULDER, CO<br>80302   | 84-1029228 | 501(C)(3)                        | 100,000                     |                                      |  |   | FOR THE NOW AND NEXT CAMPAIGN  |
| (104) NAROPA UNIVERSITY<br>2130 ARAPAHOE AVENUE, BOULDER, CO<br>80302   | 84-1029228 | 501(C)(3)                        | 30,000                      |                                      |  |   | WITH \$25,000 FOR GENERAL OPERATING SUPPORT AND \$5,000 FOR THE MASTERS OF ARTS CONTEMPLATIVE PSYCHOTHERAPY SCHOLARSHIP FUND |
| (105) NATIONAL KOREAN AMERICAN<br>SERVICE & EDUCATION CONSORTIUM<br>6212 NORTH LINCOLN AVENUE, CHICAGO,<br>IL 60659 | 11-3303986 | 501(C)(3)                        | 10,000                      |                                      |  |   | GENERAL OPERATING SUPPORT FOR BYP100   |
| (106) NATIONAL LGBTQ TASK FORCE<br>FOUNDATION<br>116 NASSAU STREET, 3RD FLOOR, NEW<br>YORK, NY 10038                | 52-1624852 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (107) NATIONAL TROPICAL BOTANICAL<br>GARDEN<br>3530 PAPALINA ROAD, KALAHEO, HI 96741                                | 52-6057064 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR THE MOANA PASIFIKA SUMMIT  |
| (108) NATIONAL YOUNG FARMERS<br>COALITION<br>PO BOX 1074, HUDSON, NY 12534  | 47-2072946 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR SUPPORT OF "CAMPAIGN FOR FARMING IS PUBLIC SERVICE"  |
| (109) NATURAL RESOURCES DEFENSE<br>COUNCIL<br>40 WEST 20TH ST., 11TH FLOOR, NEW<br>YORK, NY 10011                   | 13-2654926 | 501(C)(3)                        | 16,000                      |                                      |  |   | TO SUPPORT ENVIRONMENTAL ENTREPRENEURS (E2)  |
| (110) NEW WORLD FOUNDATION<br>666 WEST END AVE., SUITE 1B, NEW YORK,<br>NY 10025                                    | 13-1919791 | 501(C)(3)                        | 300,000                     |                                      |  |   | FOR THE GOODWILL FUND  |
| (111) NEWSTORIES<br>P.O. BOX 1509, FREELAND, WA 98249   | 91-2038316 | 501(C)(3)                        | 5,563                       |                                      |  |   | TO SUPPORT FISCALLY SPONSORED PROJECT DREAM RIDER PRODUCTIONS  |
| (112) NORTHERN COLORADO FOOD<br>CLUSTER<br>405 MASON CT #113, FORT COLLINS, CO<br>80524                             | 20-0348200 | 501(C)(3)                        | 8,000                       |                                      |  |   | TO PROVIDE SUPPORT FOR LOCO FOOD DISTRIBUTION TO BUILD ACCOUNTING AND INVENTORY MANAGEMENT CAPACITY                          |

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| (113) NUESTRAS RAICES<br>329 MAIN STREET, HOLYOKE, MA 01040                                 | 04-3182556 | 501(C)(3)                        | 7,500                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (114) OAKLAND INSTITUTE<br>P.O. BOX 18978, OAKLAND, CA 94619-0978                           | 42-1626352 | 501(C)(3)                        | 25,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (115) OCCIDENTAL ARTS & ECOLOGY CENTER<br>15290 COLEMAN VALLEY ROAD, OCCIDENTAL, CA 95465   | 68-0359676 | 501(C)(3)                        | 15,000                      |                                      |  |   | TO SUPPORT CALCAN  |
| (116) OCEAN RESEARCH & CONSERVATION ASSOCIATION<br>1420 SEAWAY DRIVE, FORT PIERCE, FL 34949 | 20-0901011 | 501(C)(3)                        | 9,000                       |                                      |  |   | FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL   |
| (117) OJAI VALLEY GREEN COALITION<br>206 N. SIGNAL ST., SUITE S, OJAI, CA 93023             | 26-2157890 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (118) OPEN EYE PICTURES<br>119 PAUL DRIVE, SUITE A, SAN RAFAEL, CA 94903                    | 32-0154227 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT OUTREACH FOR FILM CALLED "AS SHE IS," PRODUCED AND DIRECTED BY MEGAN MCFEELY  |
| (119) ORGANIC CONSUMERS ASSOCIATION<br>6771 SOUTH SILVER HILL DRIVE, FINLAND, MN 55603      | 41-1908341 | 501(C)(3)                        | 50,000                      |                                      |  |   | TO SUPPORT GRASSROOTS ORGANIZING AROUND GMO LABELING EFFORTS IN THE EAST COAST   |
| (120) ORGANIC CONSUMERS ASSOCIATION<br>6771 SOUTH SILVER HILL DRIVE, FINLAND, MN 55603      | 41-1908341 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT THE REGENERATION INTERNATIONAL (RI) OFFICE IN ROME WITH 12 \$1,000 A MONTH PAYMENTS IN 2016 AND THE \$8,000 FOR RI ACTIVITIES IN MEXICO LEADING UP TO THE PLANNED RI REGENERATION ALTERNATIVE CLIMATE SUMMIT IN MEXICO CITY IN DECEMBER, 2016 |
| (121) OTHER WORLDS<br>398 60TH ST, OAKLAND, CA 94618  | 36-4645462 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT TO COPINH FOR THEIR CONTINUED WORK IN DEFENSE OF THEIR INDIGENOUS LAND, WATER, AND PEOPLE   |
| (122) PASADENA ARTS COUNCIL<br>65 S. GRAND AVE., PASADENA, CA 91105                         | 95-2540759 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF BARAK BALLET  |
| (123) PEACE DEVELOPMENT FUND<br>P.O. BOX 40250, SAN FRANCISCO, CA 94140-0250                | 04-2738794 | 501(C)(3)                        | 7,500                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF PRISON BIRTH PROJECT  |
| (124) PEACE DEVELOPMENT FUND<br>P.O. BOX 40250, SAN FRANCISCO, CA 94140-0250                | 04-2738794 | 501(C)(3)                        | 7,500                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF PRISON BIRTH PROJECT  |
| (125) PINCHOT UNIVERSITY<br>220 SECOND AVENUE SOUTH, SUITE 400, SEATTLE, WA 98104           | 91-2157623 | 501(C)(3)                        | 7,000                       |                                      |  |   | FOR STRATEGIC BUSINESS DEVELOPMENT   |

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|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (126) POINT BLUE CONSERVATION SCIENCE<br>3820 CYPRESS DRIVE #11, PETALUMA, CA 94954                                 | 94-1594250 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (127) PRESIDIO GRADUATE SCHOOL<br>1202 RALSTON AVE, SUITE 300, SAN FRANCISCO, CA 94129                              | 94-3185612 | 501(C)(3)                        | 8,000                       |                                      |  |   | TO SUPPORT 10POWER CLEAN GROWTH   |
| (128) PROCTOR ACADEMY<br>P.O. BOX 500, ANDOVER, NH 03216  | 02-0222179 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR SOCIALLY RESPONSIBLE INVESTMENT ENDOWMENT   |
| (129) PROCTOR ACADEMY<br>P.O. BOX 500, ANDOVER, NH 03216  | 02-0222179 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (130) PROTEUS FUND INC.<br>15 RESEARCH DRIVE, SUITE B, AMHERST, MA 01002  | 04-3243004 | 501(C)(3)                        | 7,000                       |                                      |  |   | FOR SOLIDAIRE ON BEHALF OF BENJAMIN GRIESINGER  |
| (131) PROTEUS FUND INC.<br>15 RESEARCH DRIVE, SUITE B, AMHERST, MA 01002  | 04-3243004 | 501(C)(3)                        | 6,000                       |                                      |  |   | \$5,000 FOR SOLIDAIRE DONOR NETWORK & \$1,000 FOR ORLANDO RESPONSE FUND                           |
| (132) PUBLIC HEALTH FOUNDATION ENTERPRISES<br>12801 CROSSROADS PARKWAY SOUTH, SUITE 200, CITY OF INDUSTRY, CA 91746 | 95-2557063 | 501(C)(3)                        | 10,000                      |                                      |  |   | LA COMMUNITY HEALTH PROJECT & CLEAN NEEDLES NOW   |
| (133) RAINFOREST CONNECTION<br>77 VAN NESS AVE, SUITE 101-1717, SAN FRANCISCO, CA 94102                             | 46-2022575 | 501(C)(3)                        | 7,500                       |                                      |  |   | "SEEDING POSSIBILITIES", TO SUPPORT CONTINUANCE OF THE WORK                                       |
| (134) RESEARCH INSTITUTE FOR WALDORF EDUCATION<br>P.O. BOX 307, WILTON, NH 03086                                    | 04-3562886 | 501(C)(3)                        | 8,000                       |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST |
| (135) RESOURCE GENERATION<br>394 BROADWAY, 5TH FLOOR, NEW YORK, NY 10013  | 27-1847561 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (136) RESOURCE GENERATION<br>394 BROADWAY, 5TH FLOOR, NEW YORK, NY 10013  | 27-1847561 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (137) RESOURCE GENERATION<br>394 BROADWAY, 5TH FLOOR, NEW YORK, NY 10013  | 27-1847561 | 501(C)(3)                        | 7,500                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (138) ROOT CAPITAL<br>130 BISHOP ALLEN DRIVE, 2ND FLOOR, CAMBRIDGE, MA 02139  | 04-3478123 | 501(C)(3)                        | 12,500                      |                                      |  |   | TO SUPPORT THE WOMEN'S EMPOWERMENT PILOT IN GUATEMALA   |
| (139) RUDOLF STEINER COLLEGE<br>9200 FAIR OAKS BLVD., FAIR OAKS, CA 95628   | 94-2356338 | 501(C)(3)                        | 6,914                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (140) SACRED FIRE FOUNDATION<br>P.O. BOX 11014, MARINA DEL REY, CA 90295  | 54-2189687 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance  |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (141) SANTA CRUZ WALDORF SCHOOL<br>2190 EMPIRE GRADE, SANTA CRUZ, CA 95060                         | 94-2365874 | 501(C)(3)                        | 25,000                      |                                      |  |   | TO SUPPORT THE SCHOLARSHIP FUND IN HONOR OF JESSICA AND BRUCE KING   |
| (142) SARATOGA PLAN<br>112 SPRING ST., ROOM 202, SARATOGA SPRINGS, NY 12866                        | 14-1706013 | 501(C)(3)                        | 15,000                      |                                      |  |   | TO SUPPORT SARATOGA PLAN'S WORK WITH LOCAL FARMS FUND MANAGING A CONSERVATION EASEMENT ON THE BIELLO FARM IN SARATOGA COUNTY |
| (143) SCFHEF<br>11003 PENROSE ST. #1, SUN VALLEY, CA 91352   | 20-5246114 | 501(C)(3)                        | 40,000                      |                                      |  |   | TO SUPPORT THE WORK OF "BRAIDING THE SACRED," ORGANIZING COSTS, AND GATHERINGS   |
| (144) SCFHEF<br>11003 PENROSE ST. #1, SUN VALLEY, CA 91352   | 20-5246114 | 501(C)(3)                        | 20,000                      |                                      |  |   | TO SUPPORT THE WORK OF "BRAIDING THE SACRED" INDIGENOUS FARMERS NETWORK, ORGANIZING COSTS AND GATHERINGS                     |
| (145) SCFHEF<br>11003 PENROSE ST. #1, SUN VALLEY, CA 91352   | 20-5246114 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR SUPPORT OF MEXICO MEETING COSTS AND CORN GATHERING ORGANIZING  |
| (146) SEMINARY OF THE CHRISTIAN COMMUNITY<br>7 CARMEN COURT, CHESTNUT RIDGE, NY 10977              | 35-2181804 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST                            |
| (147) SHAMBHALA MOUNTAIN CENTER<br>151 SHAMBHALA WAY, RED FEATHER LAKES, CO 80545                  | 84-1535130 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (148) SILVER BUFFALO CONSULTING<br>130 EAST SCENIC AVE, POINT RICHMOND, CA 94801                   | 47-0928675 | 501(C)(3)                        | 30,000                      |                                      |  |   | TO SUPPORT THE NATIVE AMERICAN ACADEMY SCULPTURE GARDEN OF NATIVE SCIENCE & LEARNING: SCALE MODEL                            |
| (149) SKYSTONE FOUNDATION<br>3100 NORTH FORT VALLEY ROAD, BLDG 8, FLAGSTAFF, AZ 86001              | 94-2842873 | 501(C)(3)                        | 108,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (150) SNAKE RIVER ALLIANCE<br>P.O. BOX 1731, BOISE, ID 83701                                       | 82-0386993 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (151) SOCIAL AND ENVIRONMENTAL ENTREPRENEURS<br>23532 CALABASAS ROAD, SUITE A, CALABASAS, CA 91302 | 95-4116679 | 501(C)(3)                        | 15,000                      |                                      |  |   | TO SUPPORT UNPACK IMPACT (BOOK PROJECT)  |
| (152) SOIL CARBON COALITION<br>501 SOUTH STREET, ENTERPRISE, OR 97828                              | 26-1692060 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (153) SOLIDAGO FOUNDATION, INC.<br>150 MAIN STREET #24, NORTHAMPTON, MA 01060                      | 20-2963670 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT FOR CRIMINAL JUSTICE INITIATIVE (CJI)  |
| (154) SONOMA ACADEMY<br>2500 FARMERS LANE, SANTA ROSA, CA 95404                                    | 94-3343174 | 501(C)(3)                        | 12,000                      |                                      |  |   | WITH \$10,000 TO THE BUILDING FUND AND \$2,000 TO THE ANNUAL FUND  |

| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance   |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (155) SOUL FIRE FARM INSTITUTE<br>1972 NY HWY 2, PETERSBURG, NY 12138  | 47-2549969 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (156) SRI SARVESHWARI SAMOOH<br>P.O. BOX 950, SONOMA, CA 95476   | 94-3151595 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (157) STANDING ROCK SIOUX TRIBE<br>P.O. BOX D, FORT YATES, ND 58538  | N/A        | GOVERNMENT AGENCY                | 15,000                      |                                      |  |   | TO SUPPORT THE INDIGENOUS COMMUNITIES WORKING TO PROTEST THE DAPL                                 |
| (158) STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY<br>C/O LYRA GHOSE, DEVELOPMENT SERVICES, PO BOX 20466, STANFORD, CA 94309- 0466 | 94-1156365 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT CHRISTOPHER GARDNER'S WORK AROUND FOOD LITERACY  |
| (159) STEINER BOOKS<br>610 MAIN ST., GREAT BARRINGTON, MA 01230  | 13-1790720 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST |
| (160) STEINER BOOKS<br>610 MAIN ST., GREAT BARRINGTON, MA 01230  | 13-1790720 | 501(C)(3)                        | 7,500                       |                                      |  |   | TO SUPPORT THE PUBLICATION OF JOHN BLOOM'S BOOK   |
| (161) SUSTAINABLE ORGANIC INTEGRATED LIVELIHOODS (SOIL)<br>124 CHURCH ROAD, SHERBURNE, NY 13460  | 20-8195963 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (162) SUSTAINUS<br>2885 SANFORD AVE SW, #26379, GRANDVILLE, MI 49418   | 02-0710054 | 501(C)(3)                        | 9,940                       |                                      |  |   | FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL                    |
| (163) THE CULTURAL CONSERVANCY<br>P.O. BOX 29044, SAN FRANCISCO, CA 94129-0044   | 94-3003900 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT PRODUCTION OF FILM AND MEDIA MATERIAL FOR CORN CULTURES NETWORK                        |
| (164) THE CULTURAL CONSERVANCY<br>P.O. BOX 29044, SAN FRANCISCO, CA 94129-0044   | 94-3003900 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT CORN CULTURES GATHERING IN ONONDAGA, NY  |
| (165) THE CULTURAL CONSERVANCY<br>P.O. BOX 29044, SAN FRANCISCO, CA 94129-0044   | 94-3003900 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR THE 30TH ANNIVERSARY SPRING EQUINOX GALA  |
| (166) THE ELIB, INC.<br>P.O. BOX 293, FREMONT, MI 49412-0293   | 20-0631312 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST |
| (167) THE FARM SCHOOL<br>488 MOORE HILL RD, ATHOL, MA 01331  | 22-2959081 | 501(C)(3)                        | 10,000                      |                                      |  |   | FOR BPG SCHOLARSHIPS  |
| (168) THE HUMANE SOCIETY OF THE UNITED STATES<br>700 PROFESSIONAL DRIVE, GAITHERSBURG, MD 20879  | 53-0225390 | 501(C)(3)                        | 115,000                     |                                      |  |   | FOR THE FARM ANIMAL PROTECTION GROUP  |
| (169) THE NATURE INSTITUTE<br>20 MAY HILL ROAD, GHENT, NY 12075  | 14-1803390 | 501(C)(3)                        | 15,000                      |                                      |  |   | LIVING SOILS INITIATIVE   |



| (a)<br>Name and address of organization or government  | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance  |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|--|
| (170) THE NATURE INSTITUTE<br>20 MAY HILL ROAD, GHENT, NY 12075  | 14-1803390 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT "PUBLISHING A COLLECTION OF SCIENCE WRITINGS BY CRAIG HOLDREGE"   |
| (171) THE PABLOVE FOUNDATION<br>6607 WEST SUNSET BLVD., LOS ANGELES, CA 90028  | 26-3006100 | 501(C)(3)                        | 12,500                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (172) THE PACHAMAMA ALLIANCE<br>P.O. BOX 29191, SAN FRANCISCO, CA 94129  | 94-3249793 | 501(C)(3)                        | 6,000                       |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (173) THE PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE<br>5100 WISCONSIN AVE., N.W., SUITE 400, WASHINGTON, DC 20016-4131 | 52-1394893 | 501(C)(3)                        | 52,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (174) THE POLLINATION PROJECT<br>1569 SOLANO AVE, #643, BERKELEY, CA 94707   | 46-0675457 | 501(C)(3)                        | 200,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (175) THE POLLINATION PROJECT<br>1569 SOLANO AVE, #643, BERKELEY, CA 94707   | 46-0675457 | 501(C)(3)                        | 150,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (176) THE POLLINATION PROJECT<br>1569 SOLANO AVE, #643, BERKELEY, CA 94707   | 46-0675457 | 501(C)(3)                        | 150,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (177) THE POLLINATION PROJECT<br>1569 SOLANO AVE, #643, BERKELEY, CA 94707   | 46-0675457 | 501(C)(3)                        | 100,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (178) THE POLLINATION PROJECT<br>1569 SOLANO AVE, #643, BERKELEY, CA 94707   | 46-0675457 | 501(C)(3)                        | 26,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT  |
| (179) THE PRAXIS PROJECT<br>1001 CONNECTICUT AVE., NW, SUITE 201, WASHINGTON, DC 20036                                     | 30-0044814 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT BLACK ORGANIZING FOR LEADERSHIP & DIGNITY (BOLD)  |
| (180) THIRD SECTOR NEW ENGLAND<br>89 SOUTH STREET, SUITE 700, BOSTON, MA 02111-2679  | 04-2261109 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF GARDENING THE COMMUNITY   |
| (181) THIRD SECTOR NEW ENGLAND<br>89 SOUTH STREET, SUITE 700, BOSTON, MA 02111-2679  | 04-2261109 | 501(C)(3)                        | 5,155                       |                                      |  |   | TO SUPPORT THE FIELDS CORNER BUSINESS LAB  |
| (182) THREEFOLD EDUCATIONAL FOUNDATION (SCHOOL OF EURYTHMY)<br>260 HUNGRY HOLLOW ROAD, CHESTNUT RIDGE, NY 10977            | 13-6196291 | 501(C)(3)                        | 25,000                      |                                      |  |   | FOR SUPPORT OF EURYTHMY SPRING VALLEY, AS DESCRIBED IN THE FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST |
| (183) THRESHOLD FOUNDATION<br>P.O. BOX 29903, SAN FRANCISCO, CA 94129-0915   | 13-3028214 | 501(C)(3)                        | 12,000                      |                                      |  |   | WITH \$10K FOR THE FOOD & FARMING FUNDING CIRCLE AND \$2K FOR THRESHOLD POOL                                       |

| (a)<br>Name and address of organization or government   | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance   |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (184) TIDES FOUNDATION<br>1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129                         | 51-0198509 | 501(C)(3)                        | 75,000                      |                                      |  |   | TO BE DIRECTED TO THE TIDES CANADA EXCHANGE FUND (#1481) FOR THE INTERNATIONAL GIFT MATCHING PROGRAM FUND, TO BENEFIT THE EMERGING NORTHERN LEADERS INITIATIVE AS PER YOUR PROPOSAL |
| (185) TIDES FOUNDATION<br>1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129                         | 51-0198509 | 501(C)(3)                        | 13,000                      |                                      |  |   | TO BE DIRECTED TO THE TIDES CANADA EXCHANGE FUND (#1481) FOR THE INTERNATIONAL GIFT MATCHING PROGRAM, TO BENEFIT DECHINTA BUSH UNIVERSITY   |
| (186) TIDES FOUNDATION<br>1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129                         | 51-0198509 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO BE DIRECTED TO THE TIDES CANADA EXCHANGE FUND (#1481) FOR THE INTERNATIONAL GIFT MATCHING PROGRAM, TO BENEFIT THE ARCTIC FUNDERS COLLABORATIVE                                   |
| (187) TIDES FOUNDATION<br>1014 TORNEY AVENUE, SAN FRANCISCO, CA 94129                         | 51-0198509 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT THE HOLLYHOCK FUND AT NEXTWAVE FOUNDATION  |
| (188) TRANSCENDENCE THEATRE COMPANY<br>19201 SONOMA HIGHWAY, #214, SONOMA, CA 95476           | 46-2182873 | 501(C)(3)                        | 15,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (189) TRIBAL TRUST FOUNDATION<br>P.O. BOX 5687, SANTA BARBARA, CA 93150                       | 59-3528567 | 501(C)(3)                        | 25,000                      |                                      |  |   | FOR INITIAL FILM WORK IN SOUTH DAKOTA   |
| (190) TRUST FOR CONSERVATION INNOVATION<br>405 14TH STREET, SUITE 164, OAKLAND, CA 94612-2705 | 91-2166435 | 501(C)(3)                        | 15,000                      |                                      |  |   | TO SUPPORT KITCHEN TABLE ADVISORS   |
| (191) UCSF FOUNDATION<br>P.O. BOX 45339, SAN FRANCISCO, CA 94145                              | 94-2829914 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT UCSF MEDICAL, SPECIFICALLY THE WORK OF DR. WILL RYAN   |
| (192) UNITED ROOTS<br>P.O. BOX 11567, OAKLAND, CA 94611                                       | 27-3457152 | 501(C)(3)                        | 7,000                       |                                      |  |   | FOR CULTURAL HEALING WORK WITH YOUTH  |
| (193) VEGAN OUTREACH<br>PO BOX 1916, DAVIS, CA 95617-1916                                     | 86-0736818 | 501(C)(3)                        | 44,800                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT OF ANIMAL RIGHTS ADVOCACY AND THE PROMOTION OF PLANT-BASED VEGAN LIFESTYLES   |
| (194) VERITABLE VEGETABLE<br>1100 CESAR CHAVEZ ST., SAN FRANCISCO, CA 94124                   | 94-2347936 | 501(C)(3)                        | 33,000                      |                                      |  |   | TO SERVE AS A PARTIAL MATCH FOR THE USDA GRANT FOR A DEDICATED REPACK COOLER, SPECIFICALLY TO SUPPORT IN-KIND IMPLEMENTATION COSTS, AS PER YOUR PROPOSAL                            |



| (a)<br>Name and address of organization or government   | (b)<br>EIN | (c)<br>IRC section if applicable | (d)<br>Amount of cash grant | (e)<br>Amount of non-cash assistance | (f)<br>Method of valuation (book, FMV, appraisal, other) | (g)<br>Description of non-cash assistance | (h)<br>Purpose of grant or assistance   |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---|
| (195) VERMONT SUSTAINABLE JOBS FUND<br>3 PITKIN COURT, SUITE 301E,<br>MONTPELIER, VT 05602-4509 | 03-0349736 | 501(C)(3)                        | 15,000                      |                                      |  |   | TO SUPPORT FOR THE UVM FOOD HUB MANAGEMENT PROGRAM, FOR PARTICIPANT SCHOLARSHIPS TO ENABLE THEM TO ATTEND THE PROGRAM |
| (196) WILDLIFE CONSERVATION NETWORK<br>209 MISSISSIPPI STREET, SAN FRANCISCO, CA 94107          | 30-0108469 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO SUPPORT THE ELEPHANT CRISIS FUND   |
| (197) WOMEN'S FOREST SANCTUARY<br>P.O. BOX 1003, BERKELEY, CA 94701                             | 93-1161224 | 501(C)(3)                        | 10,000                      |                                      |  |   | TO HELP BUY THE LAND OF THE SACRED GROVE IN NORTHERN CALIFORNIA REDWOODS  |
| (198) WORLD WILDLIFE FUND<br>P.O. BOX 97180, WASHINGTON, DC 20090-7180                          | 52-1693387 | 501(C)(3)                        | 35,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (199) YANSA<br>14 CHURCH ST, COLD SPRING, NY 10516  | 27-1497426 | 501(C)(3)                        | 50,000                      |                                      |  |   | TO SUPPORT ZAPOTEC COMMUNITY-DRIVEN FARMING AND REFORESTATION   |
| (200) YGGDRASIL LAND FOUNDATION, INC.<br>P.O. BOX 358, BURLINGTON, WI 53105                     | 94-3372213 | 501(C)(3)                        | 100,000                     |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (201) YGGDRASIL LAND FOUNDATION, INC.<br>P.O. BOX 358, BURLINGTON, WI 53105                     | 94-3372213 | 501(C)(3)                        | 75,000                      |                                      |  |   | FOR GENERAL OPERATING SUPPORT   |
| (202) YGGDRASIL LAND FOUNDATION, INC.<br>P.O. BOX 358, BURLINGTON, WI 53105                     | 94-3372213 | 501(C)(3)                        | 50,000                      |                                      |  |   | FOR PROJECT SUPPORT, IN ALIGNMENT WITH THE FUND PURPOSE, INCLUDING MAINTENANCE OF PROPERTIES                          |

**Part III****Grants and Other Assistance to Individuals in the United States** (continued)

| (a)<br>Type of grant or assistance                             | (b)<br>Number of Recipients | (c)<br>Amount of cash grant | (d)<br>Amount of non-cash assistance | (e)<br>Method of valuation<br>(book, FMV, appraisal, other) | (f)<br>Description of non-cash assistance |
|--|-----------------------------|-----------------------------|--------------------------------------|---|---|
| (1) STIPEND FOR VARIOUS RESEARCH, PROJECT, AND PROGRAM SUPPORT | 6                           | 157,475                     |                                      |   |   |

| Return Reference - Identifier   | Explanation  |
|---|--|
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | 350 PDX:<br>TO SUPPORT THE DEVELOPMENT AND EXPANSION OF A DIVERSE COLLABORATION AIMED AT SUPPORTING MEANINGFUL ACTION ON CLIMATE CHANGE IN A MANNER THAT DIRECTLY PROMOTES SOCIAL JUSTICE AND PERSISTENT RACE-BASED ECONOMIC INEQUALITIES IN THE CITY OF PORTLAND  |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | AHA PUNANA LEO:<br>FOR THE GLOBAL CENTER FOR INDIGENOUS LANGUAGES  |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | AMERICAN SOCIETY FOR TECHNION:<br>FOR THE KAPLAN FAMILY ENDOWED GRADUATE FELLOWSHIP FUND FOR EXCEPTIONAL WOMEN   |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | AMERICAN SOCIETY FOR TECHNION:<br>FOR THE KAPLAN FAMILY ENDOWED GRADUATE FELLOWSHIP FUND FOR EXCEPTIONAL WOMEN   |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | AMERICAN SOCIETY FOR TECHNION:<br>TO SUPPORT A FELLOWSHIP IN WATER RESEARCH  |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | ANGELIC ORGANICS LEARNING CENTER, INC:<br>TO SUPPORT THE FARM BEGINNINGS COLLABORATIVE. WE UNDERSTAND AT RSF THAT OUR FUNDS WILL BE USED AS A PART OF THE MATCH FOR THE FARM BEGINNINGS COLLABORATIVES PROPOSAL ENTITLED FARM BEGINNINGS FROM REGIONAL TO NATIONAL: BEGINNING FARMERS AND VIABLE FARMS INITIATIVE THAT HAS BEEN SUBMITTED TO THE USDA NATIONAL INSTITUTE OF FOOD AND AGRICULTURE.  |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | ANTHROPOSOPHICAL SOCIETY IN AMERICA:<br>FOR GENERAL OPERATING SUPPORT, IN RECOGNITION OF THE COMPLETION OF A CHALLENGE GRANT   |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | ASPEN WALDORF FOUNDATION, INC.:<br>FOR GENERAL OPERATING SUPPORT   |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | ASYLUM ACCESS:<br>FOR THE COMMUNITY LEGAL EMPOWERMENT PROGRAM  |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | BALLE:<br>FOR GENERAL OPERATING SUPPORT  |
| SCHEDULE I, PART II ,<br>COLUMN H - PURPOSE OF<br>GRANT OR ASSISTANCE               | BALLE:<br>FOR LOCAL ECONOMY INVESTORS CIRCLE   |
| SCHEDULE I, PART I, LINE<br>2 - PROCEDURES FOR<br>MONITORING USE OF<br>GRANT FUNDS. | EACH GRANT RECIPIENTS REQUIRED TO SUBMIT A REPORT WITHIN ONE YEAR FROM WHEN THE GRANT WAS DISBURSED. EACH GRANT REQUIRES THE VERIFICATION OF ELIGIBILITY AND DUE DILIGENCE. ORGANIZATION OBTAINS A COPY OF THE ORGANIZATION'S 501 C (3) DETERMINATION LETTER OR EQUIVALENT INFORMATION. FOR GRANTEEES RECEIVING LESS THAN \$10,000 OF GRANTS REQUIRED TO SUBMIT A COPY OF ANNUAL REPORT AND A COPY OF MOST RECENT FINANCIAL STATEMENT WITH A NEWS LETTER OR SOME OTHER NARRATIVE OF THE WORK. FOR GRANTEEES RECEIVING MORE THAT \$10,000 OF GRANTS REQUIRED TO SUBMIT A NARRATIVE AND AN EXPENDITURE REPORT FOR THE GRANT FUNDS. THE EXPENDITURE REPORT SHOULD CLEARLY DESCRIBE HOW THE GRANT FUNDS HAVE BEEN SPENT. |

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RUDOLF STEINER FOUNDATION, INC.

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Employer identification number

13-6082763

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             | <b>4a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    | <b>4c</b> | <input checked="" type="checkbox"/> |

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | <input checked="" type="checkbox"/> |

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |                                     |
|--|-----------|-------------------------------------|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | <input checked="" type="checkbox"/> |

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

|           | Yes | No                                  |
|-----------|-----|-------------------------------------|
| <b>1a</b> |     |                                     |
| <b>1b</b> |     |                                     |
| <b>2</b>  |     |                                     |
| <b>3</b>  |     |                                     |
| <b>4a</b> |     | <input checked="" type="checkbox"/> |
| <b>4b</b> |     | <input checked="" type="checkbox"/> |
| <b>4c</b> |     | <input checked="" type="checkbox"/> |
| <b>5a</b> |     | <input checked="" type="checkbox"/> |
| <b>5b</b> |     | <input checked="" type="checkbox"/> |
| <b>6a</b> |     | <input checked="" type="checkbox"/> |
| <b>6b</b> |     | <input checked="" type="checkbox"/> |
| <b>7</b>  |     | <input checked="" type="checkbox"/> |
| <b>8</b>  |     | <input checked="" type="checkbox"/> |
| <b>9</b>  |     |                                     |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |  | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                    |  | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1                  | DONALD SHAFFER<br>CEO                    | (i) 339,261  | 0                                   | 0                                   | 10,200   | 27,048                  | 376,509                         | 0   |
|                    | (ii)                                     | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2                  | KATRINA STEFFEK<br>COO                   | (i) 160,016  | 0                                   | 0                                   | 4,800  | 236                     | 165,052                         | 0   |
|                    | (ii)                                     | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3                  | JOHN BLOOM<br>VP, ORGANIZATIONAL CULTURE | (i) 170,790  | 0                                   | 0                                   | 5,124  | 13,200                  | 189,114                         | 0   |
|                    | (ii)                                     | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4                  | GARY SCHICK<br>CFO                       | (i) 262,370  | 0                                   | 0                                   | 1,777  | 3,711                   | 267,858                         | 0   |
|                    | (ii)                                     | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5                  |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 6                  |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 7                  |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 8                  |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 9                  |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 10                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 11                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 12                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 13                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 14                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 15                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |
| 16                 |  | (i)  |                                     |                                     |  |                         |                                 |   |
|                    | (ii)                                     |  |                                     |                                     |  |                         |                                 |   |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

**RUDOLF STEINER FOUNDATION, INC.**

Employer identification number

**13-6082763**

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art . . . . .   |                               |  |  |  |
| 2 Art—Historical treasures . . . . .                                       |                               |  |  |  |
| 3 Art—Fractional interests . . . . .                                       |                               |  |  |  |
| 4 Books and publications . . . . .   |                               |  |  |  |
| 5 Clothing and household<br>goods . . . . .                                |                               |  |  |  |
| 6 Cars and other vehicles . . . . .  |                               |  |  |  |
| 7 Boats and planes . . . . .   |                               |  |  |  |
| 8 Intellectual property . . . . .  |                               |  |  |  |
| 9 Securities—Publicly traded . . . . .                                     | ✓                             | 19   | 10,116,768   | MARKET VALUE   |
| 10 Securities—Closely held stock . . . . .                                 |                               |  |  |  |
| 11 Securities—Partnership, LLC,<br>or trust interests . . . . .            |                               |  |  |  |
| 12 Securities—Miscellaneous . . . . .                                      |                               |  |  |  |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |  |  |  |
| 14 Qualified conservation<br>contribution—Other . . . . .                  |                               |  |  |  |
| 15 Real estate—Residential . . . . .                                       |                               |  |  |  |
| 16 Real estate—Commercial . . . . .  |                               |  |  |  |
| 17 Real estate—Other . . . . .   |                               |  |  |  |
| 18 Collectibles . . . . .  |                               |  |  |  |
| 19 Food inventory . . . . .  |                               |  |  |  |
| 20 Drugs and medical supplies . . . . .                                    |                               |  |  |  |
| 21 Taxidermy . . . . .   |                               |  |  |  |
| 22 Historical artifacts . . . . .  |                               |  |  |  |
| 23 Scientific specimens . . . . .  |                               |  |  |  |
| 24 Archeological artifacts . . . . .                                       |                               |  |  |  |
| 25 Other ▶ ( _____ )   |                               |  |  |  |
| 26 Other ▶ ( _____ )   |                               |  |  |  |
| 27 Other ▶ ( _____ )   |                               |  |  |  |
| 28 Other ▶ ( _____ )   |                               |  |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | ✓  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .   | ✓   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | ✓  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference - Identifier   | Explanation  |
|---|--|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS |

**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.

**2016**

Open to Public Inspection

Name of the Organization  
**RUDOLF STEINER FOUNDATION, INC.**

Employer Identification Number  
**13-6082763**

| Return Reference - Identifier  | Explanation   |                 |            |                         |       |
|--|---|-----------------|------------|-------------------------|-------|
| FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS           | MARK A. FINSER (CHAIR PERSON) AND SIEGFRIED E. FINSER (TRUSTEE) - FAMILY RELATIONSHIP   |                 |            |                         |       |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY                             | THE AUDIT COMMITTEE WILL REVIEW THE COMPLETED FORM 990. FINAL COPY OF THE RETURN WILL BE PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING.   |                 |            |                         |       |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY                                      | PRIOR TO RSF BOARD OR COMMITTEE ACTION ON A CONTRACT, A COVERED PERSON WHO HAS A CONFLICT OF INTEREST WILL DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES. A COVERED PERSON WHO HAS A CONFLICT OF INTEREST IS PERMITTED TO ATTEND BOARD MEETINGS BUT HAS NO RIGHT TO VOTE IN BOARD MEETINGS RELATED TO THAT TRANSACTION.   |                 |            |                         |       |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL     | THE ORGANIZATION HAS A BOARD COMPENSATION COMMITTEE. COMMITTEE MEMBERS DISCUSS THE COMPENSATION FOR CEO, EXECUTIVE DIRECTOR AND KEY EMPLOYEES IN THE COMMITTEE MEETING. THE COMMITTEE UTILIZES COMPARABILITY DATA FROM OTHER EXEMPT ORGANIZATIONS AND AN OUTSIDE CONSULTANT IN DETERMINING COMPENSATION. ALL MEETINGS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY. THIS PROCESS WAS LAST UNDERTAKEN IN 2016. |                 |            |                         |       |
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES             | THE ORGANIZATION HAS A BOARD COMPENSATION COMMITTEE. COMMITTEE MEMBERS DISCUSS THE COMPENSATION FOR CEO, EXECUTIVE DIRECTOR AND KEY EMPLOYEES IN THE COMMITTEE MEETING. THE COMMITTEE UTILIZES COMPARABILITY DATA FROM OTHER EXEMPT ORGANIZATIONS AND AN OUTSIDE CONSULTANT IN DETERMINING COMPENSATION. ALL MEETINGS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED CONTEMPORANEOUSLY. THIS PROCESS WAS LAST UNDERTAKEN IN 2016. |                 |            |                         |       |
| FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED | CO, CT, DC, DE, FL, HI, ID, IN, KS, KY, LA, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NY, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, WV  |                 |            |                         |       |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC                        | ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC IN THE ORGANIZATION'S NEWSLETTER AND UPON REQUEST.  |                 |            |                         |       |
| FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (D) - COMPENSATION OF SIEGFRIED FINSER          | DURING THE TAX YEAR, SIEGFRIED FINSER WAS COMPENSATED \$12,000 BY RSF FOR ADVISORY SERVICES PROVIDED TO WALDORF SCHOOLS. THE COMPENSATION WAS NOT RELATED TO HIS SERVICE AS A BOARD MEMBER.   |                 |            |                         |       |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES                       | <table border="1"> <thead> <tr> <th data-bbox="454 1314 1300 1346">(a) Description</th> <th data-bbox="1300 1314 1508 1346">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="454 1346 1300 1388">ELIMINATION ADJUSTMENTS</td> <td data-bbox="1300 1346 1508 1388">3,300</td> </tr> </tbody> </table>  | (a) Description | (b) Amount | ELIMINATION ADJUSTMENTS | 3,300 |
| (a) Description  | (b) Amount  |                 |            |                         |       |
| ELIMINATION ADJUSTMENTS  | 3,300   |                 |            |                         |       |



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

RUDOLF STEINER FOUNDATION, INC.

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

13-6082763

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                              | (b)<br>Primary activity         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|---------------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) RSF MEZZANINE MANAGEMENT, LLC (26-3080387)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129 | GP OF MEZZANINE INVESTMENT FUND | DE   | 1,675               | 0                         | RSF CAPITAL MANAGEMENT PBC       |
| (2)  |                                 |  |                     |                           |                                  |
| (3)  |                                 |  |                     |                           |                                  |
| (4)  |                                 |  |                     |                           |                                  |
| (5)  |                                 |  |                     |                           |                                  |
| (6)  |                                 |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity         | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|---------------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                                 |  |                            |   |                                  | Yes  | No |
| (1) RSF SOCIAL INVESTMENT FUND (36-4385559)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129    | LENDING AND INVESTING           | CA   | 501(C)(3)                  | 12 TYPE I   | RUDOLF STEINER FOUNDATION        |  | ✓  |
| (2) RSF GLOBAL COMMUNITY FUND (94-3396165)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129     | SUPPORTING ORGANIZATION FOR RSF | CA   | 501(C)(3)                  | 12 TYPE I   | RUDOLF STEINER FOUNDATION        |  | ✓  |
| (3) YGGDRASIL LAND FOUNDATION INC (94-3372213)<br>1002 OREILLY AVENUE, SAN FRANCISCO, CA 94129   | SUPPORTING ORGANIZATION FOR RSF | CA   | 501(C)(3)                  | 12 TYPE I   | RUDOLF STEINER FOUNDATION        |  | ✓  |
| (4) GINUNGAGAP FOUNDATION (20-1402909)<br>235 MONTGOMERY ST, 17TH FLOOR, SAN FRANCISCO, CA 94104 | SUPPORTING ORGANIZATION FOR RSF | DE   | 501(C)(3)                  | 12 TYPE I   | RUDOLF STEINER FOUNDATION        |  | ✓  |
| (5)  |                                 |  |                            |   |                                  |  |    |
| (6)  |                                 |  |                            |   |                                  |  |    |
| (7)  |                                 |  |                            |   |                                  |  |    |

**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 organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) (SEE STATEMENT)                                   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7)   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) (SEE STATEMENT)                                   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6)   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7)   |                         |  |                                  |  |                              |                                    |                             |  |    |

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |                                     |                                     |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> Dividends from related organization(s) . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) RSF CHARITABLE ASSET MANAGEMENT, LLC          | B                             | 25,074,162             | ACCRUAL                                      |
| (2) RSF CHARITABLE ASSET MANAGEMENT, LLC          | S                             | 15,741,071             | ACCRUAL                                      |
| (3) RSF CHARITABLE ASSET MANAGEMENT, LLC          | D                             | 7,486,306              | ACCRUAL                                      |
| (4) RSF CHARITABLE ASSET MANAGEMENT, LLC          | E                             | 11,018,989             | ACCRUAL                                      |
| (5) RSF CAPITAL MANAGEMENT PBC<br>(SEE STATEMENT) | O                             | 820,972                | ACCRUAL                                      |
| (6)   |                               |                        |  |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) .....                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) .....                              |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

| (a) Name, address and EIN of related organization   | (b) Primary Activity                    | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income related, unrelated, excluded from tax under sections 512-514 | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? |    | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? |    | (k) Percentage ownership |
|---|---|---|-------------------------------|---|---------------------------|---------------------------------|-----------------------------------|----|---|----------------------------------|----|--------------------------|
|   |   |   |                               |   |                           |                                 | Yes                               | No |   | Yes                              | No |                          |
| (1) RSF CHARITABLE ASSET MANAGEMENT, LLC (20-2430499)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129 | MANAGEMENT OF PHILANTHROPIC FUNDS       | CA  |                               | RELATED   | 256,083                   | 59,044,666                      |                                   | ✓  | -102  |                                  | ✓  | 81.12                    |
| (2) RSF MEZZANINE FUND, LP (26-3080457)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129               | MANAGEMENT OF MEZZANINE INVESTMENT FUND | DE  |                               | RELATED   | 996                       | 30,994                          |                                   | ✓  |   |                                  | ✓  | 8.22                     |

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

| (a) Name, address and EIN of related organization   | (b) Primary activity   | (c) Legal domicile (state or foreign country) | (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 | (i) Section 512(b)(13) controlled entity? |    |
|---|--|---|---------------------------------|--|---------------------------|---------------------------------|--------------------------|---|----|
|   |  |   |                                 |  |                           |                                 |                          | Yes                                       | No |
| (1) RSF SOCIAL ENTERPRISE, INC (26-0663311)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129 | ORIGINATING AND ACQUIRING LOANS TO SOCIALLY BENEFICIAL FOR-PROFIT ENTITIES | CA  | RSF CAPITAL MANAGEMEN<br>T, PBC | C CORPORATION                                | 1,875,189                 | 34,525,261                      | 100.00                   |   | ✓  |
| (2) RSF CAPITAL MANAGEMENT PBC (26-3080292)<br>1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129 | MANAGING FOR-PROFIT ACTIVITIES ON BEHALF OF RSF                            | DE  | RUDOLF STEINER FOUNDATION, INC  | C CORPORATION                                | 1,675                     | 3,589,019                       | 100.00                   |   | ✓  |

**Part V****Transactions with Related Organizations** (continued)

| (a) Name of other organization  | (b) Transaction type (a-r) | (c) Amount Involved | (f) Method of determining amount involved |
|---------------------------------|----------------------------|---------------------|---|
| (6) RSF CAPITAL MANAGEMENT PBC  | N                          | 271,846             | ACCRUAL                                   |
| (7) RSF CAPITAL MANAGEMENT PBC  | D                          | 1,237,562           | ACCRUAL                                   |
| (8) RSF GLOBAL COMMUNITY FUND   | B                          | 50,000              | ACCRUAL                                   |
| (9) RSF GLOBAL COMMUNITY FUND   | C                          | 1,999,367           | ACCRUAL                                   |
| (10) RSF GLOBAL COMMUNITY FUND  | E                          | 586,934             | ACCRUAL                                   |
| (11) RSF GLOBAL COMMUNITY FUND  | D                          | 2,464,940           | ACCRUAL                                   |
| (12) RSF SOCIAL ENTERPRISE INC  | O                          | 567,440             | ACCRUAL                                   |
| (13) RSF SOCIAL ENTERPRISE INC  | N                          | 102,682             | ACCRUAL                                   |
| (14) RSF SOCIAL INVESTMENT FUND | O                          | 1,915,726           | ACCRUAL                                   |
| (15) RSF SOCIAL INVESTMENT FUND | N                          | 667,878             | ACCRUAL                                   |
| (16) RSF SOCIAL INVESTMENT FUND | E                          | 36,031,091          | ACCRUAL                                   |
| (17) RSF SOCIAL INVESTMENT FUND | D                          | 19,027,322          | ACCRUAL                                   |