

PUBLIC DISCLOSURE COPY

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RUDOLF STEINER FOUNDATION, INC.</b>		<b>D</b> Employer identification number <b>13-6082763</b>
	Doing business as <b>RSF SOCIAL FINANCE</b>		<b>E</b> Telephone number <b>(415) 561-3900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1002A O'REILLY AVENUE</b>		<b>G</b> Gross receipts \$ <b>36,821,573.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94129-0915</b>		
<b>F</b> Name and address of principal officer: <b>JASPER J. VAN BRAKEL</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

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

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

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LENDING AND GRANTMAKING 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>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>10</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>84,415.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>66,667.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>94,575,857.</b>	<b>34,492,185.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>774,951.</b>	<b>1,382,881.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>791,539.</b>	<b>944,468.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>200.</b>	<b>2,039.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>96,142,547.</b>	<b>36,821,573.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>21,570,921.</b>	<b>27,046,063.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,405,306.</b>	<b>3,953,813.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>577,262.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,394,138.</b>	<b>3,974,655.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>29,370,365.</b>	<b>34,974,531.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>66,772,182.</b>	<b>1,847,042.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>207,417,473.</b>	<b>146,856,383.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>66,858,310.</b>	<b>64,355,476.</b>
		<b>140,559,163.</b>	<b>82,500,907.</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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>APRIL HINES, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY S. PAGLIA</b>	Preparer's signature <b>TRACY S. PAGLIA</b>	Date <b>11/15/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00366884</b>
	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>	Phone no. <b>415-956-1500</b>		
Firm's address ▶ <b>101 SECOND STREET SUITE 900</b>		<b>SAN FRANCISCO, CA 94105</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO CREATE FINANCIAL RELATIONSHIPS THAT ARE DIRECT, TRANSPARENT, PERSONAL, AND FOCUSED ON LONG-TERM SOCIAL ECONOMIC AND ECOLOGICAL BENEFIT. WE ACHIEVE OUR MISSION BY: (1) OFFERING INVESTORS AND DONORS DYNAMIC WAYS TO ALIGN THEIR MONEY WITH THEIR VALUES; (2) CONNECTING

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program 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 \$ 29,831,983. including grants of \$ 27,046,063. ) (Revenue \$ 1,382,881. ) IN 2019, RSF SOCIAL FINANCE MADE GRANTS TO A VARIETY OF ORGANIZATIONS AND PROJECTS ALIGNED WITH THE FOUNDATION'S CHARITABLE MISSION TO PROMOTE A MORE SUSTAINABLE WORLD. IN ADDITION TO GRANTS MADE, RSF PROVIDED MISSION-RELATED LOANS TO FOR-PROFIT SOCIAL ENTERPRISES AND NON-PROFIT ORGANIZATIONS.

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

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

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

4e Total program service expenses 29,831,983.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
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>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<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>22</b> X	
<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>23</b> X	
<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>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a 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>25a</b>	X
<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>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<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>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<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>32</b>	X
<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>33</b>	X
<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>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<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>35b</b> X	
<b>36 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>36</b>	X
<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>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** 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> 50	
<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> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 AL, AK, AZ, CA, CO, CT, DC, DE, FL, HI, ID, IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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 APRIL HINES - (415) 561-3900 1002A O'REILLY AVENUE, SAN FRANCISCO, CA 94129-0915

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) 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) JASPER J. VAN BRAKEL CEO/TRUSTEE	40.00 2.00	X		X				352,335.	0.	4,295.
(2) RON ALSTON CHAIR	3.00 2.00	X		X				0.	0.	0.
(3) NEIL BLOMQUIST TRUSTEE	1.00 0.00	X						0.	0.	0.
(4) JOCELYN ROMERO DEMIRBAG TRUSTEE	1.00 0.00	X						0.	0.	0.
(5) MARK FINSER TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) SIEGFRIED FINSER TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) RACHAEL FLUG TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) JOVIAL KING TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) STEPHANIE RYNAS TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) VINCENT SICILIANO TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) SCOTT WILLIAMS TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) CHRIS COOK CFO AND TREASURER THROUGH 06/2019	24.00 2.00			X				0.	0.	0.
(13) APRIL HINES CFO AND TREASURER START 06/2019	40.00 2.00			X				148,742.	0.	13,258.
(14) TIM GREEN SECRETARY AND GENERAL COUNSEL	40.00 2.00			X				175,000.	0.	20,205.
(15) SUSIE LEE CHIEF INV. OFFICER THROUGH 4/2019	40.00 2.00				X			415,519.	0.	3,500.
(16) KATRINA STEFFEK CHIEF OPERATING OFFICER	40.00 2.00				X			238,050.	0.	4,816.
(17) JOHN BLOOM VP, ORGANIZATIONAL CULTURE	40.00 2.00				X			188,200.	0.	4,598.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATE DANAHER SR. MGR., SOCIAL ENT/INTEGRATED CAP	40.00 0.00					X		195,000.	0.	16,704.
(19) DEBORAH NELSON VP, CLIENT AND COMMUNITY ENGAGEMENT	40.00 0.00					X		177,500.	0.	20,318.
(20) SHU DAR YAO HEAD OF INVESTMENTS	40.00 0.00					X		160,894.	0.	1,616.
(21) MELINDA CHEEL SENIOR DIRECTOR, MARKETING	40.00 0.00					X		150,450.	0.	1,054.
(22) CARRIE STALLINGS SENIOR MANAGER, INFORMATION SYSTEMS	40.00 0.00					X		142,250.	0.	16,291.
<b>1b Subtotal</b>								2,343,940.	0.	106,655.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,343,940.	0.	106,655.

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 **15**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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>	X	
5 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>		X

**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) Name and business address	(B) Description of services	(C) Compensation
RETIREMENT PLAN CONSULTANTS LLC P.O. BOX 1264, NORFOLK, NE 68702-1264	RETIREMENT PLAN SERVICES	260,507.
MOSS ADAMS LLP P.O. BOX 101822, PASADENA, CA 91189-1882	ACCOUNTING AND TAX SERVICES	225,488.
SCRUBBED.NET 657 SHARP PARK ROAD, PACIFICA, CA 94044	ACCOUNTING SERVICES	207,000.

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 **3**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</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>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	34,492,185.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,759,573.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		34,492,185.			
Program Service Revenue	<b>2 a</b>	MANAGEMENT & OTHER FEE INCOME	Business Code 525990	985,433.	980,533.	4,900.	
	<b>b</b>	INTEGRATED CAPITAL INSTITUTE FEES	525990	294,876.	294,876.		
	<b>c</b>	INTEREST INCOME - BORROWER FUNDS	525990	102,572.	39,756.	62,816.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		1,382,881.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		944,468.		14,660.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
<b>d</b>	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	UBI FROM PASSTHROUGHS	Business Code 523000	2,039.		2,039.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		2,039.			
<b>12</b>	<b>Total revenue.</b> See instructions		36,821,573.	1,315,165.	84,415.	929,808.	

**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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,140,939.	20,140,939.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	669,735.	669,735.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,235,389.	6,235,389.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,568,518.	770,772.	767,771.	29,975.
<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	2,056,572.	1,202,143.	518,740.	335,689.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,023.	63,337.	45,110.	13,576.
<b>9</b> Other employee benefits	12,243.	6,611.	4,285.	1,347.
<b>10</b> Payroll taxes	194,457.	103,062.	75,838.	15,557.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	81,355.		81,355.	
<b>b</b> Legal	143,456.		143,456.	
<b>c</b> Accounting	119,778.		119,778.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,974,052.		1,974,052.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	250,110.	103,998.	130,537.	15,575.
<b>12</b> Advertising and promotion	95,680.			95,680.
<b>13</b> Office expenses	19,810.	10,499.	7,726.	1,585.
<b>14</b> Information technology	179,353.	95,057.	69,948.	14,348.
<b>15</b> Royalties				
<b>16</b> Occupancy	390,049.	206,726.	152,119.	31,204.
<b>17</b> Travel	37,279.	19,758.	14,539.	2,982.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	132,111.	70,019.	51,523.	10,569.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	86,002.	45,581.	33,541.	6,880.
<b>23</b> Insurance	336,534.		336,534.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LOSS PROV-BORROWER FUND	88,357.	88,357.		
<b>b</b> UBI TAX PAYMENTS	34,000.		34,000.	
<b>c</b> DUES AND SUBSCRIPTIONS	1,732.		1,732.	
<b>d</b>				
<b>e</b> All other expenses	4,997.		2,702.	2,295.
<b>25</b> Total functional expenses. Add lines 1 through 24e	34,974,531.	29,831,983.	4,565,286.	577,262.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	169.	<b>1</b>	246.
	<b>2</b> Savings and temporary cash investments .....	26,985,279.	<b>2</b>	6,722,048.
	<b>3</b> Pledges and grants receivable, net .....	325,124.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	2,500.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<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 .....	270,101.	<b>9</b>	427,032.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,399,048.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,237,961.		
	<b>11</b> Investments - publicly traded securities .....	397,213.	<b>10c</b>	161,087.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	42,830,225.	<b>11</b>	72,365,372.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	88,181,663.	<b>12</b>	18,775,261.
	<b>14</b> Intangible assets .....	10,523,527.	<b>13</b>	2,487,803.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	37,904,172.	<b>15</b>	45,915,034.	
	207,417,473.	<b>16</b>	146,856,383.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	573,859.	<b>17</b>	1,342,153.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	22,292.	<b>19</b>	5,500.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	9,434,296.	<b>24</b>	6,779,432.
	<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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	56,827,863.	<b>26</b>	56,228,391.
	66,858,310.	<b>26</b>	64,355,476.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	140,409,163.	<b>27</b>	82,350,907.
	<b>28</b> Net assets with donor restrictions .....	150,000.	<b>28</b>	150,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	140,559,163.	<b>32</b>	82,500,907.
	<b>33</b> Total liabilities and net assets/fund balances .....	207,417,473.	<b>33</b>	146,856,383.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,821,573.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,974,531.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,847,042.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140,559,163.
5	Net unrealized gains (losses) on investments	5	1,086,714.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-60,992,012.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,500,907.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a 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? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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

**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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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		
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	20992023.	22326264.	35102858.	94575857.	34492185.	207489187
<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 .....	20992023.	22326264.	35102858.	94575857.	34492185.	207489187
<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) .....						101080957
<b>6 Public support.</b> Subtract line 5 from line 4.						106408230

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	20992023.	22326264.	35102858.	94575857.	34492185.	207489187
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	216,360.	205,042.	223,908.	791,539.	929,808.	2366657.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			5,235.	69,694.	75,392.	150,321.
<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						210006165
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,694,963.
<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 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	50.67 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	50.42 %
<b>16a 33 1/3% support test - 2019.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</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 - 2019.</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 - 2018.</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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►



**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</b> 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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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>		
<b>10a</b> 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>		
<b>b</b> 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>b</b> A family member of a person described in (a) above?		
<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>		

**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>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>		

**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>		

**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>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>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>		

**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 line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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>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>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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>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>		

**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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 1/3% 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,419,864.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>5,340,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>4,533,230.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>162,774.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>685,950.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>1,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>980,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>717,285.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>3,065,703.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>1,497,525.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>1,005,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>5,005.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>RUDOLF STEINER FOUNDATION, INC.</b>	Employer identification number  <b>13-6082763</b>
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**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	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,419,864.</u>	<u>09/11/19</u>
4	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>4,533,230.</u>	<u>08/19/19</u>
8	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>685,950.</u>	<u>12/26/19</u>
14	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>1,497,525.</u>	<u>07/12/19</u>
16	PUBLICLY TRADED SECURITIES _____ _____ _____	\$ <u>5,005.</u>	<u>12/16/19</u>
	_____ _____ _____	\$ _____	_____

Name of organization  <b>RUDOLF STEINER FOUNDATION, INC.</b>	Employer identification number  <b>13-6082763</b>
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**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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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.

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

OMB No. 1545-0047

2019

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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 with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

**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 make 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 program
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 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
1a Beginning of year balance	100,000.	100,000.	100,000.	100,000.	100,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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  .00 %
  - b Permanent endowment  100.00 %
  - c Term endowment  .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                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		383,816.	347,536.	36,280.
e Other		1,015,232.	890,425.	124,807.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				161,087.

**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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	3,250,000.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) PRIVATE CORPORATE STOCK	3,219,511.	END-OF-YEAR MARKET VALUE
(B) PRIVATE DEBT FUNDS	9,101,803.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY FUNDS	3,203,947.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,775,261.	

**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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM RSF CAPITAL MANAGEMENT, PBC	3,195,787.
(2) RECEIVABLE FROM RSF SOCIAL INVESTMENT FUND	42,003,168.
(3) DEPOSITS	103,404.
(4) BOARD DESIGNATED RESERVES	612,675.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	45,915,034.

**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 RSF SIF	56,228,391.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	56,228,391.

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 FASB 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.

**PART V, LINE 4:**

THE ENDOWMENT FUNDS ARE HELD FOR FUTURE USE TO ASSIST THE ORGANIZATION IN ACHIEVING ITS MISSION.

**PART X, LINE 2:**

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-LIKELYTHAN-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

**Part XIII** Supplemental Information (continued)

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, 2019 AND 2018.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		817,643.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		55,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		2,906,161.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		185,303.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		148,076.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		552,000.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		678,206.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		828,000.
<b>3 a</b> Subtotal .....	0	0			6,170,389.
<b>b</b> Total from continuation sheets to Part I .....	0	0			11,273,308.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			17,443,697.

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

Schedule F (Form 990) 2019

**Part I Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		65,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		7,170,510.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		4,037,798.
<b>Totals</b> .....					11,273,308.

**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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	7,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	7,250.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	40,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	631,643.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	10,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	200,500.	WIRE	0.		

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 ..... **98**

3 Enter total number of other organizations or entities ..... **0**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROJECT SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	150,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	15,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	38,500.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	PROJECT SUPPORT	35,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	20,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	40,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	50,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	10,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	45,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROJECT SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROJECT SUPPORT	16,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	77,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	29,286.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROJECT SUPPORT	35,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	18,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	18,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	27,225.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	33,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	50,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROJECT SUPPORT	75,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PROJECT SUPPORT	25,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	21,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	300,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	29,900.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	25,000.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	PROJECT SUPPORT	59,500.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	50,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	30,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	507,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	25,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	PROJECT SUPPORT	20,803.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	507,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA (CANADA AND MEXICO)	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROJECT SUPPORT	29,975.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	PROJECT SUPPORT	20,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	35,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	15,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PROJECT SUPPORT	300,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	27,300.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	15,006.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	310,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROJECT SUPPORT	24,960.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	15,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	65,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	200,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	15,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	164,500.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	PROJECT SUPPORT	18,141.	WIRE	0.		
		NORTH AMERICA (CANADA AND MEXICO)	PROJECT SUPPORT	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<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 non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT	30,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	25,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	20,000.	WIRE	0.		
		SOUTH AMERICA	PROJECT SUPPORT	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	143,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	100,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROJECT SUPPORT	228,400.	WIRE	0.		

**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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**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; don't 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; don't 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.

**PART I, LINE 2:**

THE 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 UNITED STATES. 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 FINANCIAL REPORT ON HOW THE GRANT FUNDS WERE USED.

**PART I, LINE 3:**

ACCRUAL METHOD



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
INA MOMONA PO BOX 376 HOOLEHUA, HI 96729	82-1366588	501(C)(3)	30,000.	0.			IN SUPPORT OF THE ALOHA INA FELLOWSHIP PROGRAM
350 SEATTLE 1127 10TH AVE E #1 SEATTLE, WA 98102	46-4201865	501(C)(3)	8,500.	0.			FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL
A WELL-FED WORLD 3936 S. SEMORAN BLVD. #271 ORLANDO, FL 32822	27-0865905	501(C)(3)	50,000.	0.			FOR SUPPORT OF VEGANUARY
ACCOUNTABILITY COUNSEL 244 KEARNY STREET FLOOR 6 SAN FRANCISCO, CA 94108	46-1909035	501(C)(3)	15,000.	0.			TO SUPPORT UKRAINE SECURITY
AHA PUNANA LEO 96 PU'UHONU PLACE HILO, HI 96720	99-0226111	501(C)(3)	100,000.	0.			TO SUPPORT MOKUOLA HONUUA'S SECOND INTERNATIONAL INDIGENOUS LANGUAGES SYMPOSIUM IN
AIDA 50 CALIFORNIA STREET, STE. 500 SAN FRANCISCO, CA 94111	94-3292116	501(C)(3)	25,000.	0.			FOR A REGIONAL CONVENING OF ENVIRONMENTAL DEFENDERS AND ADVOCATES FROM LATIN AMERICA

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 345.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
AL OTRO LADO 511 E. SAN YSIDRO BLVD., #333 SAN YSIDRO, CA 92173	47-2910078	501(C)(3)	50,000.	0.			TO SUPPORT PATHWAYS TO A SANCTUARY FOR PEOPLE ON THE MOVE
ALCHEMY, INC. P.O. BOX 4041 COPLEY, OH 44321	06-1653765	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
ALEUT INTERNATIONAL ASSOCIATION 520 E. 32ND AVE ANCHORAGE, AK 99503	92-0169320	501(C)(3)	29,325.	0.			FOR SLAX, QALGADAX AMA KAANGUX : WEATHER, FOOD AND HEALTH : AN UNANGAX APPROACH TO DOCUMENTING
ALIANZA NACIONAL DE CAMPESINAS P.O. BOX 20033 OXNARD, CA 93034	47-3486630	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
ALLIANCE FOR NUCLEAR ACCOUNTABILITY - C/O NUCLEAR WATCH NEW MEXICO 903 W. ALAMEDA #325 - SANTA FE, NM 87501	91-1816131	501(C)(3)	10,000.	0.			FOR SUPPORT OF DC DAYS
ALLIANCE SAN DIEGO P.O. BOX 12266 SAN DIEGO, CA 92112	26-1712580	501(C)(3)	25,000.	0.			FOR CREATING INCLUSIVE, HUMANE, AND DIGNIFIED BORDER COMMUNITIES
AMAZON FRONTLINES 425 BUSH STREET SUITE 300 SAN FRANCISCO, CA 94108	47-5521013	501(C)(3)	50,000.	0.			FOR RECOVERING AND PROTECTING INDIGENOUS AMAZON LANDS
AMERICAN HIMALAYAN FOUNDATION 909 MONTGOMERY ST. SUITE 400 SAN FRANCISCO, CA 94133	94-2951480	501(C)(3)	10,000.	0.			FOR THE KUSANG CHOLING NUNNERY
AMERICAN IMMIGRATION COUNCIL 1331 G ST. NW, SUITE 200 WASHINGTON, DC 20005	52-1549711	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT OF THE IMMIGRATION JUSTICE CAMPAIGN AND DILLEY PRO BONO PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
AMERICANS FOR A VIBRANT PALESTINIAN ECONOMY - 2700 PATRIOT BLVD. SUITE 250 - GLENVIEW, IL 60026	47-1500245	501(C)(3)	83,992.	0.			FOR PALESTINE HEIRLOOM SEED LIBRARY'S WORK GROWING THE BIOCULTURAL FOOD AND FARMING HERITAGE
ANIMAL AMBASSADORS 78-288 MANUKAI ST. KAILUA-KONA, HI 96740	85-0383864	501(C)(3)	5,700.	0.			TO SUPPORT THE OTEPIC HUMANE ANIMAL CARE AND EDUCATION PROGRAM IN KENYA
ANIMAL HOPE AND WELLNESS FOUNDATION - 14456 VENTURA BLVD - SHERMAN OAKS, CA 91423	46-4915929	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT FOR NATION EARTH
ANTHROPOSOPHICAL SOCIETY IN AMERICA - 1923 GEDDES AVENUE - ANN ARBOR, MI 48104-1797	13-1628147	501(C)(3)	35,829.	0.			FOR PROJECT SUPPORT FOR ANTHROPOSOPHICAL PRISON OUTREACH, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO
APPALACHIAN SUSTAINABLE DEVELOPMENT - 1096 OLE BERRY DR. SUITE 100 - ABINGDON, VA 24210	31-1445533	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
APPALSHOP 91 MADISON AVE WHITESBURG, KY 41858	61-0890210	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
ART BUDDIES 110 NORTH FIFTH STREET, FLOOR 10 MINNEAPOLIS, MN 55403	41-1797876	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ARTSHIP FOUNDATION ATTN:SLOBODAN DAN PAISH 88 PERRY STREET, APT. 734 - SAN FRANCISCO, CA 94107	94-3210894	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
AS YOU SOW PO BOX 751 BERKELEY, CA 94701	94-3169008	501(C)(3)	16,000.	0.			TO SUPPORT A FELLOWSHIP FOCUSED ON A BUSINESS PLAN DEVELOPMENT FOR A SHAREHOLDER ENGAGEMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
ASPEN WALDORF FOUNDATION, INC. 16543 STATE HWY 82 CARBONDALE, CO 81623	84-1179460	501(C)(3)	251,866.	0.			TO SUPPORT THE ENDOWMENT FUND
ASSOCIATION OF WALDORF SCHOOLS OF NORTH AMERICA - 515 KIMBARK ST. SUITE 106 - LONGMONT, CO 80501-5549	23-2083226	501(C)(3)	30,000.	0.			FOR THE ALUMNI PLATFORM IN HONOR OF WALDORF 100, FROM AN ALUMNUS WHO WISHES TO REMAIN
ASYLUM SEEKER ADVOCACY PROJECT 228 PARK AVE. S. #84810 NEW YORK, NY 10003-1502	83-3011862	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
AYAPRUN ELITNAURVIK P.O. BOX 1468 BETHEL, AK 99559		GOVERNMENT AGENC	38,000.	0.			TO SUPPORT STAFF DEVELOPMENT (\$21,000) AND THE DANCE TEAM (\$17,000)
B LAB 15 WATERLOO AVE BERWYN, PA 19312	20-5958773	501(C)(3)	125,000.	0.			FOR GENERAL OPERATING SUPPORT
BACK ON MY FEET 100 SOUTH BROAD STREET, SUITE 2136 PHILADELPHIA, PA 19110	26-2109809	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BAY AREA CENTER FOR WALDORF TEACHER TRAINING - P.O. BOX 21265 - EL SOBRANTE, CA 94820	94-3399888	501(C)(3)	10,000.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST
BENEFICIAL RETURNS, LLC 6214 SW HOOD AVE PORTALND, OR 97239	81-2793534		500,000.	0.			TO SUPPORT THE RECIPROCITY FUND, TO PROVIDE LOANS TO INDIGENOUS-LED SOCIAL
BEYOND NUCLEAR 7304 CARROLL AVENUE #182 TAKOMA PARK, MD 20912	91-2170071	501(C)(3)	50,000.	0.			FOR THE WOMEN'S VOICES FILM PROJECT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BHUTAN FOUNDATION 21 DUPONT CIRCLE, NW SUITE 755 WASHINGTON DC, DC 20036	13-3376290	501(C)(3)	7,000.	0.			FOR GNH CENTER BHUTAN
BIONEERS 1014 TORNEY AVE SAN FRANCISCO, CA 94129	85-0432731	501(C)(3)	73,000.	0.			FOR GENERAL OPERATING SUPPORT
BLACK ALLIANCE FOR JUST IMMIGRATION (BAJI) - 660 NOSTRAND AVE - BROOKLYN, NY 11216	27-1911378	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
BLACK BELT JUSTICE CENTER PO BOX 2521 WASHINGTON, DC 20013	45-4441783	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
BLACK FAMILY LAND TRUST P.O. BOX 2087 DURHAM, NC 27702	04-3797149	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
BLUE DEER CENTER P.O. BOX 905 1155 COUNTY ROUTE 6 MARGARETVILLE, NY 12455	22-3741704	501(C)(3)	120,000.	0.			FOR GENERAL OPERATING SUPPORT
BODY WISDOM, INC. 2273 TELEGRAPH AVE. OAKLAND, CA 94612	94-3153475	501(C)(3)	12,500.	0.			TO SUPPORT RACIAL EQUITY AND TRANSFORMATION PROGRAMS
BOSTON IMPACT INITIATIVE P.O. BOX 300443 JAMAICA PLAIN, MA 02130	82-1543658	501(C)(3)	300,000.	0.			FOR GENERAL OPERATING SUPPORT
BROWN UNIVERSITY GIFT CASHIER BOX 1877 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	25,000.	0.			FOR MEN'S CREW TEAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BYP100 EDUCATION FUND P.O. BOX 15254 CHICAGO, IL 60615	81-0975889	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
CALIFORNIA INDIAN ENVIRONMENTAL ALLIANCE - PO BOX 2128 - BERKELEY, CA 94702	27-0861293	501(C)(3)	10,000.	0.			FOR THE SOGOREA TE LAND TRUST
CALIFORNIA INDIAN MUSEUM AND CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	30,000.	0.			IN SUPPORT OF OUR RESILIENT RELATIONS
CALIFORNIA WILDLIFE FOUNDATION 428 13TH STREET, 10TH FLOOR, SUITE OAKLAND, CA 94612	68-0234744	501(C)(3)	9,700.	0.			FOR CLIMATE SCIENCE ALLIANCE'S WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM
CANAL ALLIANCE 91 LARKSPUR ST. SAN RAFAEL, CA 94901	94-2832648	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
CANTICLE FARM 1968 36TH AVE OAKLAND, CA 94601	46-1484633	501(C)(3)	110,000.	0.			FOR GENERAL OPERATING SUPPORT
CARBON CYCLE INSTITUTE 245 KENTUCKY STREET SUITE A PETALUMA, CA 94952	46-2694752	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
CDP NORTH AMERICA, INC. ATTN: ACCOUNTS RECEIVABLE 127 W 26TH STREET, SUITE 300 - NEW YORK, NY 10001	36-4709977	501(C)(3)	17,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR ARCHITECTURAL & DESIGN RESEARCH - 14487 BURLINGTON PARKWAY - PENN VALLEY, CA 95946	13-3096970	501(C)(3)	7,500.	0.			FOR THE LIGHTFORMS ART CENTER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CENTER FOR ECONOMIC DEMOCRACY 434 MASSACHUSETTS AVE SUITE 201 BOSTON, MA 02118	47-3589804	501(C)(3)	47,000.	0.			FOR PROJECT SUPPORT / GENERAL SUPPORT
CENTER FOR HEIRS' PROPERTY PRESERVATION - 1535 SAM RITTENBERG BLVD., SUITE D - CHARLESTON, SC 29407	52-2452879	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR HUMAN RIGHTS AND CONSTITUTIONAL LAW - 256 S. OCCIDENTAL BLVD. - LOS ANGELES, CA 90057	95-4609414	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR REGENERATIVE AGRICULTURE - P.O. BOX 973 - OJAI, CA 93024	03-0438828	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
CENTER FOR WHOLE COMMUNITIES P.O. BOX 5483 BURLINGTON, VT 05402	51-0462232	501(C)(3)	100,000.	0.			TO SUPPORT THE FELLOWSHIP PROGRAM (\$50,000) AND FOR GENERAL OPERATING SUPPORT (\$50,000)
CENTRE FOR EFFECTIVE ALTRUISM USA INC. - 2054 UNIVERSITY AVE. SUITE 300 - BERKELEY, CA 94704	47-1988398	501(C)(3)	100,000.	0.			TO SUPPORT THE ANIMAL WELFARE FUND
CENTRO DEL OBRERO FRONTERIZO 2120 TEXAS AVENUE EL PASO, TX 79901	74-2219654	501(C)(3)	40,000.	0.			TO SUPPORT THE CHAMIZAL HERITAGE FOODWAYS PROJECT
CERES 99 CHAUNCY STREET 6TH FLOOR BOSTON, MA 02111-1703	22-3053747	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CHICKALOON NATIVE VILLAGE PO BOX 1105 CHICKALOON, AK 99674		GOVERNMENT AGENC	35,000.	0.			FOR AHTNA KENAEGE ' UGHELDZE' LE' CILAES PROJECT

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CHOOSE LOVE INC. 45 WEST 36TH ST. 6TH FLOOR NEW YORK, NY 10018	83-1378746	501(C)(3)	886,000.	0.			FOR GENERAL OPERATING SUPPORT
CITY LIFE/VIDA URBANA P.O. BOX 300107 JAMAICA PLAIN, MA 02130	04-2660311	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
CLEAN ENERGY LEADERSHIP INSTITUTE 426 17TH STREET, SUITE 700 OAKLAND, CA 94612	46-3102331	501(C)(3)	8,000.	0.			FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL
COLEMAN ADVOCATES 459 VIENNA STREET SAN FRANCISCO, CA 94112	94-2258612	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
COLUMBIA COUNTY BAIL FUND PO BOX 396 HUDSON, NY 12534	81-4637377	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMON COUNSEL FOUNDATION 1624 FRANKLIN STREET SUITE 1022 OAKLAND, CA 94612	94-3214166	501(C)(3)	50,000.	0.			FOR THE KINDLE PROJECT TO SUPPORT THE INDIGENOUS WOMEN'S FLOW FUND
COMMON FUTURE 2323 BROADWAY OAKLAND, CA 94612	20-1544255	501(C)(3)	45,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMON JUSTICE 540 ATLANTIC AVENUE, 4TH FLOOR BROOKLYN, NY 11217	82-0993366	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
COMMUNITY AGROECOLOGY NETWORK P.O. BOX 7653 SANTA CRUZ, CA 95061-7653	75-3003372	501(C)(3)	10,000.	0.			TO SUPPORT THE DEVELOPMENT OF TOOLS TO IMPROVE DIVERSIFICATION ACTIVITIES AMONG SMALL

Schedule I (Form 990)



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COMMUNITY FOUNDATION BOULDER COUNTY - 1123 SPRUCE ST. - BOULDER, CO 80302	84-1171836	501(C)(3)	50,000.	0.			TO SUPPORT THE GROSS RESERVOIR CONSERVATION FUND
COMMUNITY FOUNDATION OF TOMPKINS COUNTY - 200 E. BUFFALO STREET SUITE 202 - ITHACA, NY 14850	16-1587553	501(C)(3)	11,450.	0.			FOR THE STREBEL FUND FOR COMMUNITY ENRICHMENT
COOPERATION JACKSON OF MISSISSIPPI PO BOX 1932 JACKSON, MS 39215	47-1153202	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
COOPERATIVE FUND OF NEW ENGLAND P.O. BOX 3413 AMHERST, MA 01004	03-0264092	501(C)(3)	100,000.	0.			FOR CERO COOPERATIVE
CORPORATE ACCOUNTABILITY 10 MILK STREET SUITE 610 BOSTON, MA 02108	41-1322686	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CREATE PEACE PROJECT PO BOX 411253 SAN FRANCISCO, CA 94141	26-1169800	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
CRUDE ACCOUNTABILITY P.O. BOX 2345 ALEXANDRIA, VA 22301	56-2328811	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
CULTIVATING COMMUNITY P.O. BOX 3792 PORTLAND, ME 04104	04-3607322	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
CULTURAL SURVIVAL P.O. BOX 381569 CAMBRIDGE, MA 02238	23-7182593	501(C)(3)	100,000.	0.			FOR INDIGENOUS RIGHTS RADIO AND INDIGENOUS YOUTH COMMUNITY MEDIA FELLOWSHIPS

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DEMOCRACY NOW! 207 W. 25TH STREET, 11TH FLOOR NEW YORK, NY 10001	01-0708733	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
DEMOCRACY UNLIMITED OF HUMBOLDT COUNTY - P.O. BOX 188617 - SACRAMENTO, CA 95818-8617	68-0394751	501(C)(3)	10,000.	0.			FOR THE MTA EDUCATION FUND
DETROIT WALDORF SCHOOL 2555 BURNS AVENUE DETROIT, MI 48214	38-1790921	501(C)(3)	10,000.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST
DHARMA VOICES FOR ANIMALS P.O. BOX 508 SOLANA BEACH, CA 92075	45-5372693	501(C)(3)	95,000.	0.			FOR GENERAL OPERATING SUPPORT
DREAMWEATHER FOUNDATION P. O. BOX 2002 SEBASTOPOL, CA 95473	20-0250436	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
EARTH ISLAND INSTITUTE 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704-1302	94-2889684	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE CALIFORNIA INSTITUTE OF COMMUNITY ART AND NATURE
EARTHFIRE INSTITUTE P.O. BOX 368 DRIGGS, ID 83422	82-0525968	501(C)(3)	7,000.	0.			IN SUPPORT OF THE TIN CUP CHALLENGE
EARTHJUSTICE 50 CALIFORNIA STREET SUITE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	200,000.	0.			FOR GENERAL OPERATING SUPPORT
EARTHRIGHTS INTERNATIONAL 1612 K ST. NW SUITE 401 WASHINGTON, DC 20006	04-3265555	501(C)(3)	30,000.	0.			FOR COORDINATED ACTION ON CRIMINALIZATION OF LAND AND ENVIRONMENTAL DEFENDERS, INCLUDING THE

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EARTHWORKS 1612 K STREET, NW SUITE 904 WASHINGTON, DC 20006	52-1557765	501(C)(3)	75,000.	0.			TO SUPPORT ANTI FRACKING WORK IN COLORADO
ECO ED PO BOX 420859 SUMMERLAND KEY, FL 33042	86-0966591	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
ECOTRUST 721 NW 9TH AVE., SUITE 200 PORTLAND, OR 97209	93-1050144	501(C)(3)	50,000.	0.			TO SUPPORT THE 2020 RACIAL EQUITY ACTION PLAN
EDUCATED CHOICES PROGRAM 2785 CRUSE ROAD SUITE 9 #4004 LAWRENCEVILLE, GA 30044	47-5137685	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
EKVN-YEFOLECV P.O. BOX 148 WEOGUFKA, AL 35183	81-2293314	501(C)(3)	115,000.	0.			TO SUPPORT MASKOKE ECOVILLAGE FLOATING GARDENS AND FOOD FOREST
ELLA BAKER CENTER FOR HUMAN RIGHTS 1419 34TH AVE, SUITE 202 OAKLAND, CA 94601	94-3252009	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ENERGY EMPLOYEES CLAIMANT ASSISTANCE PROJECT - PO BOX 552 - YELLOW SPRINGS, OH 45387	26-1286663	501(C)(3)	15,800.	0.			FOR ROCKY FLATS GRAND JURY LEGAL RESEARCH
ENERGY OUTREACH COLORADO 225 EAST 16TH AVE, SUITE 200 DENVER, CO 80203	74-2543881	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
ENVIRONMENTAL DEFENDER LAW CENTER 1920 42ND AVE SW SEATTLE, WA 98116	27-0772454	501(C)(3)	100,000.	0.			FOR REGRANTING SUPPORT FOR LITIGATION LED BY PRIVATE LAWYERS IN GUYANA, SURINAME, BRAZIL,

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ENVIRONMENTAL LAW ALLIANCE WORLDWIDE - 1412 PEARL ST. - EUGENE, OR 97401	94-3116602	501(C)(3)	30,000.	0.			FOR EXPERT-LED LEARNING AND RESOURCE SHARING ON STRATEGIES RELATED TO SECURITY,
EUGENE WALDORF HIGH SCHOOL PO BOX 50443 EUGENE, OR 97405-0443	46-3325973	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE EUGENE WALDORF HIGH SCHOOL
EURYTHMY SPRING VALLEY 260 HUNGRY HOLLOW ROAD CHESTNUT RIDGE, NY 10977	13-6196291	501(C)(3)	30,400.	0.			FOR PROJECT SUPPORT
FACTORY FARMING AWARENESS COALITION - 4048 NE 122ND AVE. #30252 - PORTLAND, OR 97294	82-4594246	501(C)(3)	57,500.	0.			FOR GENERAL OPERATING SUPPORT
FAITH IN ACTION MINISTRIES P.O. BOX 1954 SPOKANE, WA 99210-1954	91-1504467	501(C)(3)	15,000.	0.			TO SUPPORT THE MIDWIFE TRAINING AND SETTING UP BIRTHING CLINICS IN ECUADOR
FAMILY AGRICULTURE RESOURCE MANAGEMENT SERVICES - 573 JOHN ROSS PKWY, STE 107, BOX #234 - ROCK HILL, SC 29730	46-4623115	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
FARM AND WILDERNESS FOUNDATION 401 FARM & WILDERNESS ROAD PLYMOUTH, VT 05056	03-0228965	501(C)(3)	85,000.	0.			TO SUPPORT THE PARTNERSHIP WITH THE AKWESASNE MOHAWK TRIBE
FARMWORKER ASSOCIATION OF FLORIDA INC. - 1264 APOPKA BOULEVARD - APOPKA, FL 32703	59-2683978	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FARMWORKER JUSTICE FUND, INC. 1126 16TH STREET NW SUITE LL-101 WASHINGTON, DC 20036	52-1196708	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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FAUNALYTICS P.O. BOX 6476 OLYMPIA, WA 98507	01-0686889	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
FEDERATION OF SOUTHERN COOPERATIVES LAND ASSISTANC - 2769 CHURCH STREET - EAST POINT, GA 30344	58-1026695	501(C)(3)	65,000.	0.			FOR GENERAL OPERATING SUPPORT
FIBERSHED P.O. BOX 221 SAN GERONIMO, CA 94963	45-3055196	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
FIRST NATIONS OWEESTA CORPORATION 2432 MAIN STREET LONGMONT, CO 80501	54-1970097	501(C)(3)	10,000.	0.			FOR NATIVE CDFI CAPITAL ACCESS CONVENING SPONSORSHIP
FOODWHAT 1156 HIGH STREET SANTA CRUZ, CA 95064	81-2590280	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FOUNDATION EARTH 660 PENNSYLVANIA AVE. S.E. SUITE #4 WASHINGTON, DC 20003	90-0715495	501(C)(3)	75,000.	0.			TO SUPPORT NDPONICS'S WORK ON THE EENA-AHTAY ANTHROFOREST
FOUNDATION FOR REGIONAL TRANSIT P.O. BOX 60938 PALO ALTO, CA 94306	94-3196927	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
FREEDOM, INC. 1810 SOUTH PARK STREET MADISON, WI 53713	43-2023570	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
FREEFROM 12405 VENICE BOULEVARD SUITE 422 LOS ANGELES, CA 90066	47-5033123	501(C)(3)	25,000.	0.			TO SUPPORT THE BUILD-OUT OF THEIR ONLINE COMPENSATION TOOL AND ONLINE EDUCATION

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FRESH FUTURE FARM PO BOX 22194 CHARLESTON, SC 29413	46-5699947	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS INTERNATIONAL INC 1920 GLENHAVEN AVENUE WALNUT CREEK, CA 94595	38-3720253	501(C)(3)	150,000.	0.			FOR GENERAL OPERATING SUPPORT
FRIENDS OF THE EARTH 1101 15TH ST. NW 11TH FLOOR WASHINGTON, DC 20005	23-7420660	501(C)(3)	106,500.	0.			FOR THE HEALTHY, CLIMATE-FRIENDLY FOOD PROGRAM
FUND FOR IDAHO P.O. BOX 769 BOISE, ID 83701-0769	47-0867817	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
FUNDARTE, INC 7455 COLLINS AVE #201 MIAMI BEACH, FL 33141	11-3711377	501(C)(3)	9,500.	0.			FOR THEATER IN THE AGE OF CLIMATE CHANGE'S WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM
FUTURES WITHOUT VIOLENCE 100 MONTGOMERY STREET, THE PRESIDIO - SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
GLOBAL CITIZEN YEAR 1625 CLAY STREET SUITE 400 OAKLAND, CA 94612	26-3161342	501(C)(3)	60,000.	0.			TO SUPPORT SCHOLARSHIPS
GLOBAL GREENGRANTS FUND 2840 WILDERNESS PL. SUITE A BOULDER, CO 80301	84-1612422	501(C)(3)	653,600.	0.			FOR THE ENVIRONMENTAL DEFENDERS FUND DAF
GLOBAL RESPONSE MANAGEMENT 463688 SR 200, SUITE 1-150 YULEE, FL 32097	81-5163032	501(C)(3)	50,000.	0.			FOR HOLISTIC, DIGNIFIED, AND LIFESAVING HEALTHCARE FOR PEOPLE ON THE MOVE

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GOLDEN TROUT WILDERNESS C/O ESY CASEY, 25 HIGH ST, APT 1 BEACON, NY 11385	82-1172192	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT
GRANTMAKERS CONCERNED WITH IMMIGRANTS AND REFUGEES - P.O.BOX 1100 - SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	51,250.	0.			TO SUPPORT PROMOTING HOLISTIC WELLBEING AS A FOCUS FOR GRANT-MAKERS CONCERNED WITH PEOPLE ON
GREEN AMERICA 1612 K STREET NW SUITE #600 WASHINGTON, DC 20006	52-1660746	501(C)(3)	50,000.	0.			FOR TREESISTERS
GREENFAITH 101 SOUTH 3RD AVE. HIGHLAND PARK, NJ 08904	22-3452273	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
GRID ALTERNATIVES 1171 OCEAN AVENUE SUITE 200 OAKLAND, CA 94608	26-0043353	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
GROUNDSWELL FUND 548 MARKET ST. #49734 SAN FRANCISCO, CA 94104	47-4003615	501(C)(3)	20,000.	0.			FOR UNRESTRICTED GENERAL OPERATING SUPPORT
GUARDIANORG FOUNDATION 900 17TH ST. NW WASHINGTON, DC 20006	81-2404459	501(C)(3)	30,000.	0.			FOR AN IN-DEPTH REPORTING AND MEDIA EFFORT HIGHLIGHTING THE DRIVERS AND TRENDS OF VIOLENCE
GUIDE DOGS OF AMERICA 13445 GLENOAKS BLVD. SYLMAR, CA 91342	95-1586088	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HAMPSHIRE COLLEGE TRUSTEES COLLEGE ADVANCEMENT 893 WEST STREET AMHERST, MA 01002	04-6130872	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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HASER, INC PO BOX 649 SAINT JUST STATION SAINT JUST, PR 00978	66-0861655	501(C)(3)	7,000.	0.			FOR JUNTEGENTE
HAWAII ALLIANCE FOR PROGRESSIVE ACTION - P.O. BOX 1534 - KAPAA, HI 96746	46-5537123	501(C)(3)	7,000.	0.			TO SUPPORT THE LEE JOHNSON HAWAII TOUR AND THE CREATION OF A VIDEO
HAWTHORNE VALLEY ASSOCIATION DEVELOPMENT OFFICE 327 COUNTY ROUTE GHENT, NY 12075	13-2722428	501(C)(3)	366,000.	0.			FOR SUPPORT OF THE NEW PLACE CORP PROGRAM
HEALTH CARE WITHOUT HARM 12355 SUNRISE VALLEY DR., SUITE 680 RESTON, VA 20191	52-2358837	501(C)(3)	62,500.	0.			FOR GENERAL OPERATING SUPPORT
HEALTH IN HARMONY INC. 3804 SE BELMONT STREET PORTLAND, OR 97214	20-3741107	501(C)(3)	75,000.	0.			TO SUPPORT THE START-UP OF THE MADAGASCAR INITIATIVE
HIGHLANDER RESEARCH & EDUCATION CENTER - 1959 HIGHLANDER WAY - NEW MARKET, TN 37820	62-0646373	501(C)(3)	20,000.	0.			TO SUPPORT BLACK ORGANIZING FOR LEADERSHIP & DIGNITY (BOLD)
HIMALAYAN MEDICAL FOUNDATION 608 PORTSIDE CT. LAFAYETTE, CO 80026	84-1244003	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HOLISTIC HOMESTEAD 972 GOLDEN GATE CANYON ROAD SUITE 1 BLACK HAWK, CO 80422	81-1021033	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
HONOR THE EARTH P.O. BOX 63 607 MAIN AVE CALLAWAY, MN 56521	45-4714238	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT

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HOPE ENTERPRISE CORPORATION ATTN: ROBBYE GOOD 4 OLD RIVER PLACE JACKSON, MS 39202	64-0851798	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT FOR PROVIDING ACCESS TO CAPITAL AND RELATED SERVICES IN ORDER
HOUSATONIC VALLEY WALDORF SCHOOL 40 DODGINGTOWN ROAD NEWTOWN, CT 06470	06-1310057	501(C)(3)	12,446.	0.			TO PROVIDE SCHOLARSHIP SUPPORT FOR ONE QUALIFYING STUDENT
IACT 1732 AVIATION BLVD SUITE 138 REDONDO BEACH, CA 90278	27-0469436	501(C)(3)	65,000.	0.			FOR HOLISTIC HUMANITARIAN SUPPORT FOR CHILDREN, WOMEN, AND COMMUNITIES ON THE MOVE
IDYLLWILD ARTS FOUNDATION DEVELOPMENT OFFICE P.O. BOX 38 IDYLLWILD, CA 92549	95-1801279	501(C)(3)	50,000.	0.			TO SUPPORT SCHOLARSHIPS (\$25,000) & THE ANNUAL FUND (\$25,000)
IGNITE 510 16TH STREET OAKLAND, CA 94612	38-3819049	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
INDIGENOUS ENVIRONMENTAL NETWORK P.O. BOX 485 BEMIDJI, MN 56619	38-3653476	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
INNER FIRE INC. 26 PARKER ROAD BROOKLINE, VT 05345	46-1542395	501(C)(3)	10,000.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST
INQUIRING SYSTEMS, INC. 101 BROOKWOOD AVE. SUITE 204 SANTA ROSA, CA 95404	94-2524840	501(C)(3)	11,500.	0.			TO SUPPORT THE WOMEN BRIDGING WORLDS PROJECT
INSIGHT MEDITATION SOCIETY 1230 PLEASANT STREET BARRE, MA 01005	51-0152810	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INSTITUTE FOR HUMANE EDUCATION P.O. BOX 260 SURRY, ME 04684	01-0530866	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
INSTITUTE FOR POLICY STUDIES 1301 CONNECTICUT AVE. NW SUITE 600 WASHINGTON, DC 20036	52-0788947	501(C)(3)	7,000.	0.			FOR THE INEQUALITY.ORG PROGRAM, DIRECTED BY CHUCK COLLINS
INSTITUTE OF INTERNATIONAL EDUCATION INC. - 809 UNITED NATIONS PLAZA 7TH FLOOR - NEW YORK, NY 10017	13-1624046	501(C)(3)	50,000.	0.			TO SUPPORT THE TAMALPAIS TRUST TRAVEL AND LEARNING FUND
INTERHELP, INC. C/O KRISTINA ORCHARD 10A POWDERMILL CIRCLE - MAYNARD, MA 01754	22-2570333	501(C)(3)	25,000.	0.			FOR THE WORK THAT RECONNECTS NETWORK
INTERNATIONAL FUNDERS FOR INDIGENOUS PEOPLE - P.O. BOX 29184 - SAN FRANCISCO, CA 94129-0184	75-3217508	501(C)(3)	10,000.	0.			TO SUPPORT IFIP'S SECOND INDIGENOUS LED FUNDS GLOBAL GATHERING
INTERNATIONAL REFUGEE ASSISTANCE PROJECT (IRAP) - P.O. BOX 21917 - NEW YORK, NY 10087	82-2167556	501(C)(3)	100,000.	0.			FOR PATHWAYS TO A SANCTUARY FOR PEOPLE ON THE MOVE
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
INVESTIGATIVE REPORTERS & EDITORS 141 NEFF ANNEX COLUMBIA, MO 65211	51-0166741	501(C)(3)	25,000.	0.			TO SUPPORT PROJECT WORD/FREELANCE INVESTIGATIVE REPORTERS & EDITORS (FIRE)
JEWISH COMMUNITY FEDERATION AND ENDOWMENT FUND - 121 STEUART STREET - SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	11,000.	0.			FOR THE JEWISH WOMEN'S FUND

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JEWISH FARMER NETWORK YESOD FARM+KITCHEN, 20 KIRSTEIN ROA FAIRVIEW, NC 28730	83-2051524	501(C)(3)	20,000.	0.			FOR CULTIVATING CULTURE: A GATHERING OF JEWISH FARMERS
KE KULA O NAWAHIOKALANIOPUU 16-120 'OPUKAHA'IA STREET SUITE 2 KEA'AU, HI 96749		GOVERNMENT AGENC	30,000.	0.			FOR HLAU I KA LEO OLA O N MAMO TO SUPPORT THE I HUA PONO MAU PROJECT
KENNEBEC VALLEY COUNCIL OF GOVERNMENTS - 17 MAIN ST - FAIRFIELD, ME 04937	01-0488478	501(C)(3)	50,000.	0.			TO SUPPORT CROWN O'MAINE ORGANICS COOPERATIVE
KENTUCKY COALITION P.O. BOX 1450 LONDON, KY 40743	31-1113237	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
KIDS RETHINK NEW ORLEANS SCHOOLS 705 FLOOD ST NEW ORLEANS, LA 70113	33-1203055	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
KING BAUDOIN FOUNDATION UNITED STATES - 10 ROCKEFELLER PLAZA 16TH FLOOR - NEW YORK, NY 10020	58-2277856	501(C)(3)	100,000.	0.			FOR HUMAN RIGHTS 360 TO PROVIDE HOLISTIC AND DIGNIFIED EMERGENCY SUPPORT FOR UNACCOMPANIED
KING ISLAND NATIVE COMMUNITY PO BOX 682 NOME, AK 99762		GOVERNMENT AGENC	38,000.	0.			FOR THE FY 2019-2020 INUPIAQ CURRICULUM AT INUUSIQ, INC
KIPP PHILADELPHIA SCHOOLS 5070 PARKSIDE AVENUE, #3500D MAILBOX 41 - PHILADELPHIA, PA 19131	05-0546103	501(C)(3)	43,000.	0.			FOR GENERAL OPERATING SUPPORT
KKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N SCHOOL ST. - HONOLULU, HI 96817	99-0149797	501(C)(3)	50,000.	0.			TO SUPPORT KOKUA KALIHI VALLEY ROOTS

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KROKA EXPEDITIONS 767 FOREST ROAD MARLOW, NH 03456	04-3341632	501(C)(3)	15,000.	0.			IN SUPPORT OF THE CAPITAL CAMPAIGN AND SCHOLARSHIPS
KTK-BELT 51 LARCH DRIVE MANHASSET HILLS, NY 11040	47-2166334	501(C)(3)	52,000.	0.			TO SUPPORT LOCAL CROPS, WILD PLANTS AND BIOCULTURAL HERITAGE IN MORANG DISTRICT, NEPAL
L.C. AND LILLIE COX HAVEN OF HOPE 696 SAN RAMON VALLEY BLVD., NO. 194 DANVILLE, CA 94526	46-0830760	501(C)(3)	50,000.	0.			TO SUPPORT THE ROOTS OF LABOR BIRTH COLLECTIVE PROJECT
LAGUNA COMMUNITY FOUNDATION P.O. BOX 62 LAGUNA PUEBLO, NM 87026	46-0990639	501(C)(3)	30,000.	0.			FOR THE YAKANAL INDIGENOUS YOUTH CULTURAL EXCHANGE PROGRAM TO SUPPORT MOTHER MOON
LAND IS LIFE 228 PARK AVE S, PMB 45112 NEW YORK, NY 10003-1502	22-3101280	501(C)(3)	528,360.	0.			TO SUPPORT A SERIES OF INITIATIVES AND ACTIVITIES IN LATIN AMERICA RELATED TO THE
LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY - 2210 SAN JOAQUIN STREET - FRESNO, CA 93721	46-1517800	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
LEE PESKY LEARNING CENTER 3324 ELDER STREET BOISE, ID 83705	13-3878574	501(C)(3)	7,300.	0.			FOR GENERAL OPERATING SUPPORT
LEVER FOUNDATION PO BOX 715 LANCASTER, PA 17603	82-3445472	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
LOCAL ENTERPRISE ASSISTANCE FUND, INC. - 386 WESTERN AVENUE - BOSTON, MA 02135	04-2763724	501(C)(3)	10,000.	0.			TO SUPPORT CERO

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LOCAL FUTURES/ INTERNATIONAL SOCIETY FOR ECOLOGY A - P.O. BOX 36 - EAST HARDWICK, VT 05836	94-3128274	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
LOST LIGHT PROJECTS INC 16 COURT STREET SUITE 2307 BROOKLYN, NY 11241	56-2451141	501(C)(3)	7,000.	0.			FOR INSIDECLIMATE NEWS GENERAL OPERATIONS
MARIN ACADEMY HIGH SCHOOL 1600 MISSION AVE. SAN RAFAEL, CA 94901	94-1186189	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
MARION INSTITUTE 202 SPRING STREET MARION, MA 02738	04-3206583	501(C)(3)	14,400.	0.			FOR THE ANNUAL APPEAL
MEDGLOBAL 10837 S CICERO AVE #300 OAK LAWN, IL 60453	82-2517347	501(C)(3)	100,000.	0.			FOR HOLISTIC EMERGENCY SUPPORT FOR PEOPLE ON THE MOVE IN COLOMBIA
MEDIATORS FOUNDATION INC. 2525 ARAPAHOE AVE SUITE E-4 #509 BOULDER, CO 80302	04-3002588	501(C)(3)	50,000.	0.			TO SUPPORT THE ACTIVE PEACE PROJECT
MERCY FOR ANIMALS 8033 SUNSET BLVD SUITE 864 LOS ANGELES, CA 90046	54-2076145	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
MICHAEL FIELDS AGRICULTURAL INSTITUTE - P.O. BOX 990 - EAST TROY, WI 53120-0990	39-1449246	501(C)(3)	95,167.	0.			FOR GENERAL OPERATING SUPPORT
MIJENTE SUPPORT COMMITTEE 734 W POLK ST. PHOENIX, AZ 85007	82-1711382	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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MOVEMENT STRATEGY CENTER 436 14TH STREET 5TH FLOOR OAKLAND, CA 94612	20-1037643	501(C)(3)	77,500.	0.			TO SUPPORT GAMECHANGER LABS
MULTIPLIER 405 14TH STREET SUITE 164 OAKLAND, CA 94612-2705	91-2166435	501(C)(3)	56,500.	0.			TO SUPPORT KITCHEN TABLE ADVISER'S NEW PROGRAM CULTIVATING FARMER AND RANCHER LEADERSHIP
MUSIC IN THE VINEYARDS P.O. BOX 6297 NAPA, CA 94581	68-0358441	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
NAROPA UNIVERSITY OFFICE OF DEVELOPMENT 2130 ARAPAHOE AVENUE - BOULDER, CO 80302	84-1029228	501(C)(3)	61,500.	0.			WITH \$35,000 FOR GENERAL OPERATING SUPPORT, \$10,000 FOR THE JOANNA MACY CENTER, AND \$5,000
NATIONAL CENTER FOR YOUTH LAW 1212 BROADWAY, SUITE 600 OAKLAND, CA 94612	94-2506933	501(C)(3)	30,000.	0.			TO SUPPORT THE PROTECTING THE DUE PROCESS RIGHTS OF CHILDREN IN FEDERAL IMMIGRATION CUSTODY
NATIONAL DOMESTIC WORKERS ALLIANCE 45 BROADWAY SUITE 320 NEW YORK, NY 10016	35-2420942	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIONAL LGBTQ TASK FORCE FOUNDATION - 25 BROADWAY, 12TH FLOOR - NEW YORK, NY 10004	52-1624852	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
NATIVE AMERICAN FOOD SOVEREIGNTY ALLIANCE - P.O. BOX 68 - SCANDIA, MN 55073	46-4578553	501(C)(3)	167,000.	0.			TO SUPPORT NOURISHING SEED REMATRIATION AND MENTORSHIP
NATURAL RESOURCES COUNCIL OF MAINE 3 WADE ST. AUGUSTA, ME 04330	01-0270690	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT

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NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH ST. 11TH FLOOR NEW YORK, NY 10011	13-2654926	501(C)(3)	20,000.	0.			TO SUPPORT ENVIRONMENTAL ENTREPRENEURS (E2)
NDN COLLECTIVE 317 MAIN STREET SUITE 1 RAPID CITY, SD 57701	82-3776329	501(C)(3)	300,000.	0.			TO SUPPORT BUILDING THE COLLECTIVE POWER OF INDIGENOUS PEOPLES
NEW ENGLAND ARAB AMERICAN ORGANIZATION - PO BOX 1812 - PORTLAND, ME 04104	47-5574330	501(C)(3)	10,000.	0.			FOR THE ARABIC LANGUAGE PROGRAM
NEW MEXICO COMMUNITY CAPITAL 219 CENTRAL AVE NW STE. 200 ALBUQUERQUE, NM 87102	20-1798654	501(C)(3)	15,000.	0.			FOR FINANCIAL BUSINESS BASICS TRAINING FOR FIVE DIRECTORS OF ZUNI PUEBLOS ANCESTRAL RICH TREASURES
NEW VENTURE FUND 1201 CONNECTICUT AVE., NW SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	105,000.	0.			TO SUPPORT THE DEMOCRACY FUND
NEW WORLD FOUNDATION 680 WEST END AVE. SUITE 1C NEW YORK, NY 10025	13-1919791	501(C)(3)	352,640.	0.			TO SUPPORT THE GOODWILL FUND
NORTH CAROLINA ASSOCIATION OF BLACK LAWYERS LAND L - P.O. BOX 179 - DURHAM, NC 27702	56-1348982	501(C)(3)	65,000.	0.			FOR GENERAL OPERATING SUPPORT
NORTH CAROLINA SOARING FOUNDATION PO BOX 780 ANGIER, NC 27501	27-1929562	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT TO HONOR OUR DEAR FRIEND, COL. RAY KLEBER
NORTH STAR FUND 520 EIGHTH AVENUE SUITE 1800 NEW YORK, NY 10018-6656	13-2950801	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT

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NOT AN ALTERNATIVE 9719 SW 180TH ST VASHON, WA 98070	20-4018630	501(C)(3)	8,000.	0.			TO SUPPORT WORK AS DESCRIBED IN YOUR ITP "BLOSSOMING POSSIBILITIES: THE
NUCLEAR ENERGY INFORMATION SERVICE 3411 W DIVERSEY AVENUE #13 CHICAGO, IL 60647	36-3144380	501(C)(3)	50,000.	0.			FOR THE 2019 RAD WASTE SUMMIT
OAK RIDGE ENVIRONMENTAL PEACE ALLIANCE - P.O. BOX 5743 - OAK RIDGE, TN 37831	62-1812870	501(C)(3)	10,000.	0.			FOR THE DEFINING MOMENT LEGAL FUND
OAKLAND INSTITUTE P.O. BOX 18978 OAKLAND, CA 94619-0978	42-1626352	501(C)(3)	55,000.	0.			FOR GENERAL OPERATING SUPPORT
OCCIDENTAL ARTS & ECOLOGY CENTER 15290 COLEMAN VALLEY ROAD OCCIDENTAL, CA 95465	68-0359676	501(C)(3)	25,000.	0.			TO SUPPORT THE MOVEMENT BUILDING RETREAT FUND
OCEAN CONSERVATION SOCIETY P.O. BOX 12860 MARINA DEL REY, CA 90295	95-4691853	501(C)(3)	25,000.	0.			TO SUPPORT THE MONITORING OF MARINE MAMMALS AND IMPACTS OF RECREATIONAL/COMMERCIAL
OLD-GROWTH FOREST NETWORK PO BOX 21 EASTON, MD 21601	45-4115570	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
OMPRAKASH 2311 N 45TH ST. SEATTLE, WA 98103	20-8655418	501(C)(3)	200,000.	0.			FOR HUMANITY CREW'S WORK RECONNECTING AND HEALING THE BODY AND SOUL OF PEOPLE ON THE MOVE
ONEMAMA ORGANIZATION ATTN: DONATIONS 2261 MARKET ST., #1 SAN FRANCISCO, CA 94114	26-1753153	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT

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OPEN SPACE INSTITUTE 1350 BROADWAY SUITE 201 NEW YORK, NY 10018	52-1053406	501(C)(3)	9,200.	0.			TO SUPPORT ACRE POLICY, FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT
ORGANIZATION FOR COMPETITIVE MARKETS - P.O. BOX 6486 - LINCOLN, NE 68506	91-1904212	501(C)(3)	19,000.	0.			TO SUPPORT PARTICIPATION IN REAL MEALS CAMPAIGN
PANZI FOUNDATION 5185 MACARTHUR BLVD. N.W. #708 WASHINGTON, DC 20016	27-1706063	501(C)(3)	18,000.	0.			FOR MUSO ECONOMIC SUPPORT (\$15,300) AND TO SUPPORT ORGANIZATIONAL OVERHEAD AND GRANTS ADMINISTRATION
PARTNERSHIPS FOR TRAUMA RECOVERY 1936 UNIVERSITY AVENUE SUITE 191 BERKELEY, CA 94704	47-3948973	501(C)(3)	25,000.	0.			TO PROVIDE A SAFE SPACE FOR HEALING AND CONNECTION: ELEVATING SUPPORT FOR 'PEOPLE ON
PATHFINDER INTERNATIONAL 9 GALEN STREET SUITE 217 WATERTOWN, MA 02472	53-0235320	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
PEACE DEVELOPMENT FUND PO BOX 1280 AMHERST, MA 01004	04-2738794	501(C)(3)	30,000.	0.			TO SUPPORT SASS, A PROJECT OF WOMEN HELP WOMEN
PEACE IN SCHOOLS P.O. BOX 14351 PORTLAND, OR 97293	26-3664835	501(C)(3)	10,000.	0.			FOR \$5,000 OR MORE TO SUPPORT THE TEACHING OF UNDERSERVED STUDENTS IN THE PEACE IN SCHOOLS TEEN
PEOPLE'S ACTION INSTITUTE 2125 W. NORTH AVENUE, 3RD FLOOR CHICAGO, IL 60647	36-2755109	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OF CENTER FOR HEALTH, ENVIRONMENT & JUSTICE (CHEJ)
PERENNIAL FARMING INITIATIVE 373 CAPP ST. SAN FRANCISCO, CA 94110	47-3642630	501(C)(3)	10,000.	0.			TO SUPPORT ZERO FOOTPRINT IN ITS TEAM RETREAT AND STRATEGIC PLANNING EFFORTS, AS OUTLINED IN

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PETS LIFELINE P. O. BOX 341 SONOMA, CA 95476	94-2851279	501(C)(3)	20,000.	0.			FOR THE UNLEASHED CAMPAIGN
PHYSICIANS ASSOC. FOR ANTHROPOPHICAL MEDICINE - C/O PAUL BARRATT 481 KINGSTOWN ROAD - WAKEFIELD, RI 02879	14-1643406	501(C)(3)	38,000.	0.			TO SUPPORT THE WINTER AND SPRING PAYMENT PERIODS FOR A FULL TIME COORDINATOR POSITION
PIE RANCH ATTN: DEVELOPMENT OFFICE P.O. BOX 3 PESCADERO, CA 94060	26-1631976	501(C)(3)	75,000.	0.			TO SUPPORT THE CASCADE INCUBATOR PROGRAM
PLANNED PARENTHOOD MAR MONTE DEVELOPMENT DEPARTMENT 1691 THE ALA SAN JOSE, CA 95126	94-1583439	501(C)(3)	100,000.	0.			TO SUPPORT THE SECOND CENTURY CAMPAIGN
PLANTING JUSTICE 319 105TH AVENUE OAKLAND, CA 94601	27-0334905	501(C)(3)	507,000.	0.			FOR GENERAL OPERATING SUPPORT
POINT BLUE CONSERVATION SCIENCE 3820 CYPRESS DRIVE SUITE #11 PETALUMA, CA 94954	94-1594250	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
POOR MAGAZINE PO BOX 5474 OAKLAND, CA 94605	94-3330014	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1563 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	40,000.	0.			FOR HARVARD LAW SCHOOL TO SUPPORT THE ANIMAL LAW AND POLICY PROGRAM
PRICKLY PEAR LAND TRUST PO BOX 892 HELENA, MT 59624	81-0506868	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT

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PRIME COALITION 625 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139	46-4621007	501(C)(3)	300,000.	0.			TO SUPPORT THE PRIME IMPACT FUND
PROVEG INTERNATIONAL INC 1380 MONROE ST NW #222 WASHINGTON, DC 20010	46-3038496	501(C)(3)	179,000.	0.			IN SUPPORT OF ICLEI
PUEBLO OF TESUQUE AGRICULTURAL INITIATIVE - ROUTE 42 BOX 360T - SANTA FE, NM 87506		GOVERNMENT AGENC	6,500.	0.			TO SUPPORT PARTICIPATION IN THE WISDOM OF THE SEEDS CONFERENCE IN CHILE AND FIELD VISITS IN PERU
QUAIL SPRINGS PERMACULTURE 35070 HIGHWAY 33 MARICOPA, CA 93252	38-3692928	501(C)(3)	12,000.	0.			FOR GENERAL OPERATING SUPPORT
RADICAL JOY FOR HARD TIMES 153 JEFFERSON AVE THOMPSON, PA 18465	27-0327095	501(C)(3)	9,000.	0.			FOR GENERAL OPERATING SUPPORT
RAINFOREST CONNECTION 77 VAN NESS AVE SUITE 101-1717 SAN FRANCISCO, CA 94102	46-2022575	501(C)(3)	8,500.	0.			TO SUPPORT A "SEEDING POSSIBILITIES" GRANT FOR RAINFOREST CONNECTION
RAPHAEL CULTURAL AND ARTISTIC RESEARCH ASSOCIATION - 90 ACAPULCO ST. - MERCEDES, TX 78570	45-3784162	501(C)(3)	14,023.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST
RED CLOUD RENEWABLE PO BOX 1609 PINE RIDGE, SD 57770	81-1578843	501(C)(3)	7,000.	0.			FOR SUPPORT OF LAKOTA SOLAR ENTERPRISES
RED HOOK INITIATIVE 767 HICKS STREET BROOKLYN, NY 11231	20-3904662	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT

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REDHAWK NATIVE AMERICAN ARTS COUNCIL - 1022 39TH STREET - BROOKLYN, NY 11219	13-3712843	501(C)(3)	10,000.	0.			FOR INDIGENOUS PEOPLES DAY NYC
REDUCETARIAN FOUNDATION 303 E. 83RD STREET APT 8C NEW YORK, NY 10028	47-2330450	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
REPRESENTUS EDUCATION FUND P.O. BOX 60008 FLORENCE, MA 01064	26-3088283	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
RESEARCH INSTITUTE FOR WALDORF EDUCATION - P.O. BOX 307 - WILTON, NH 03086	04-3562886	501(C)(3)	10,000.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST
RESOURCE GENERATION 1216 BROADWAY 2ND FLOOR NEW YORK, NY 10001	27-1847561	501(C)(3)	62,000.	0.			FOR GENERAL OPERATING SUPPORT
RETHINK CHARITY 2379 PENDLETON ROAD MINERAL, VA 23117	82-5325150	501(C)(3)	5,600.	0.			FOR RETHINK PRIORITIES
ROCKY MOUNTAIN PEACE AND JUSTICE CENTER - P.O. BOX 1156 - BOULDER, CO 80306	74-2302470	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT FOR NUCLEAR NEXUS
ROSE FOUNDATION FOR COMMUNITIES AND THE ENVIRONMEN - 201 4TH ST SUITE 102 - OAKLAND, CA 94607	94-3179772	501(C)(3)	22,000.	0.			FOR SOGOREA TE LAND TRUST
ROSS SCHOOL FOUNDATION P.O. BOX 582 ROSS, CA 94957	94-2838271	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
RURAL & MIGRANT MINISTRY PO BOX 4757 POUGHKEEPSIE, NY 12602	22-2527596	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL - P.O. BOX 640 - PITTSBORO, NC 27312	56-1704863	501(C)(3)	60,000.	0.			TO SUPPORT THE FARMERS OF COLOR NETWORK
RURAL ADVANCEMENT FUND OF THE NATIONAL SHARECROPPE - 990 RODNEY ROAD - ORANGEBURG, SC 29115	13-2559863	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
RURAL COALITION/COALICIN RURAL 1029 VERMONT AVENUE NW SUITE 601 WASHINGTON, DC 20005	52-1203899	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
SACRED FIRE COMMUNITY CORPORATION PO BOX 6612 LONGMONT, CO 80501	46-1354781	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - KALW - 500 MANSELL STREET - SAN FRANCISCO, CA 94134	94-6000416	GOVERNMENT AGENC	9,500.	0.			FOR KALW BEAT REPORTER'S WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL
SANTA CRUZ WALDORF SCHOOL 2190 EMPIRE GRADE SANTA CRUZ, CA 95060	94-2365874	501(C)(3)	25,000.	0.			TO SUPPORT THE SCHOLARSHIP FUND, IN HONOR OF JESSICA AND BRUCE KING
SATYANA INSTITUTE P.O. BOX 17904 BOULDER, CO 80308	84-1228956	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SCALABRINI INTERNATIONAL MIGRATION NETWORK (SIMN) - 307 EAST 60TH STREET - NEW YORK, NY 10022	59-3841869	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT FOR SERVING VENEZUELANOS ON THE MOVE

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SECURE BEGINNINGS AT THE NAN TOLBERT CENTER - P.O. BOX 285 - OJAI, CA 93024	77-0544181	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
SEED SAVERS EXCHANGE 3094 NORTH WINN RD. DECORAH, IA 52101	43-1214133	501(C)(3)	17,000.	0.			FOR STRATEGIC PLANNING CONSULTANT FEES
SERVICESPACE P.O. BOX 2711 SANTA CLARA, CA 95055	77-0514498	501(C)(3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT
SEVENTH GENERATION FUND FOR INDIGENOUS PEOPLE - P.O. BOX 4569 - ARCATA, CA 95519	68-0027247	501(C)(3)	50,000.	0.			TO SUPPORT THE NATIVE AMERICAN RENEWABLE ENERGY TRAINING PROJECT
SHADE TREE MULTICULTURAL FOUNDATION - P.O. BOX 72205 - LOS ANGELES, CA 90002	95-4618711	501(C)(3)	53,000.	0.			FOR GENERAL OPERATING SUPPORT, AS PART OF THE JUBILEE CONSORTIUM OF DONORS
SHAMBHALA MOUNTAIN CENTER 151 SHAMBHALA WAY RED FEATHER LAKES, CO 80545	84-1535130	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
SHELBURNE FARMS 1611 HARBOR RD. SHELBURNE, VT 05482	03-0229347	501(C)(3)	25,000.	0.			TO SUPPORT THE FARM BASED EDUCATION NETWORK
SHIPIBO CONIBO CENTER 427 WEST 146TH ST. NEW YORK, NY 10031	81-1809418	501(C)(3)	25,000.	0.			FOR CONTINUED SUPPORT FOR LEGAL ACTION ON BEHALF OF SHIPIBO COMMUNITIES IN THE UCAYALI REGION OF
SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND - P.O. BOX 1053 - BUFFALO, NY 14205	82-2309274	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT

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SIERRA CLUB FOUNDATION 2101 WEBSTER ST. SUITE 1250 OAKLAND, CA 94612	94-6069890	501(C)(3)	35,000.	0.			FOR GENERAL OPERATING SUPPORT
SIMAMA INTERNATIONAL 2025 O'FARRELL STREET APARTMENT TWO SAN FRANCISCO, CA 94115	46-2721078	501(C)(3)	70,000.	0.			WITH \$35,000 FOR GENERAL OPERATING SUPPORT AND \$35,000 FOR INITIAL PLANNING SERVICES ON THE
SOIL CARBON COALITION 501 SOUTH STREET ENTERPRISE, OR 97828	26-1692060	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
SOLAR SISTER 94 INTERPROMONTORY RD. GREAT FALLS, VA 22066	27-1185128	501(C)(3)	7,000.	0.			FOR GENERAL OPERATING SUPPORT
SOUL FIRE FARM INSTITUTE INC. 1972 NY HWY 2 PETERSBURG, NY 12138	47-2549969	501(C)(3)	135,000.	0.			TO SUPPORT THE NORTHEAST FARMERS OF COLOR LAND TRUST
SOUTHWEST RESEARCH AND INFORMATION CENTER - P.O. BOX 4524 - ALBUQUERQUE, NM 87196	23-7159949	501(C)(3)	10,000.	0.			TO SUPPORT NUCLEAR WATCH NEW MEXICO
SPIKENARD FARM HONEYBEE SANCTUARY 445 FLOYD HIGHWAY NORTH FLOYD, VA 24091	20-5539746	501(C)(3)	7,000.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST
SPIRIT ROCK MEDITATION CENTER P.O. BOX 169 ATTN: TRACY DELLAVALLE WOODACRE, CA 94973	94-2971001	501(C)(3)	12,400.	0.			FOR GENERAL OPERATING SUPPORT
SRI SARVESHWARI SAMOOH P.O. BOX 950 SONOMA, CA 95476	94-3151595	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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STRONG CITY BALTIMORE 3503 NORTH CHARLES STREET BALTIMORE, MD 21218	52-0897806	501(C)(3)	25,000.	0.			FOR BLISS MEADOWS, TO SUPPORT LAND PURCHASE AND IMPROVEMENTS AND GENERAL OPERATIONS
SUNRISE MOVEMENT EDUCATION FUND 50 F. ST. NW SUITE 800 WASHINGTON, DC 20001	46-4773036	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
SUSTAINABLE AGRICULTURE AND FOOD SYSTEMS FUNDERS - 601 E. ARRELLAGA ST. SUITE 101 - SANTA BARBARA, CA 93103	83-2593081	501(C)(3)	15,000.	0.			FOR SAFSF TO CREATE A JUST AND SUSTAINABLE FOOD AND AGRICULTURE SYSTEM
SUSTAINABLE LIVELIHOODS RELIEF ORGANIZATION - P.O. BOX 7255 - LEWISTON, ME 04243	47-3131741	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
SUSTAINUS, INC. 2885 SANFORD AVE SW #26379 GRANDVILLE, MI 49418	02-0710054	501(C)(3)	20,000.	0.			IN SUPPORT OF COP 25
THE ACTORS THEATER WORKSHOP 145 WEST 28TH STREET 3F NEW YORK, NY 10001	13-3593882	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
THE ALUMNI ASSOCIATION OF THE CITY COLLEGE OF NEW - P.O. BOX 177 - NEW YORK, NY 10027	13-0452368	501(C)(3)	49,851.	0.			TO SUPPORT THE REUBEN AND RUTH MARKS FUCHS FUND
THE CULTURAL CONSERVANCY ATTN: ANTHONY REESE P.O. BOX 29044 SAN FRANCISCO, CA 94129-0044	94-3003900	501(C)(3)	660,000.	0.			TO SUPPORT A NEW FARM CENTER PROJECT IN SONOMA
THE ELIB, INC. P.O. BOX 1 FREMONT, MI 49412	20-0631312	501(C)(3)	15,000.	0.			FOR PROJECT SUPPORT, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST

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THE EQUUS PROJECTS 121 WEST 17TH STREET APT 4B NEW YORK, NY 10011	02-0708419	501(C)(3)	7,700.	0.			FOR GENERAL OPERATING SUPPORT
THE FARM SCHOOL 488 MOORE HILL RD ATHOL, MA 01331	22-2959081	501(C)(3)	6,000.	0.			FOR GENERAL OPERATING SUPPORT
THE FIELD 75 MAIDEN LANE SUITE 906 NEW YORK, NY 10038	13-3357408	501(C)(3)	10,000.	0.			TO SUPPORT 36.5: A DURATIONAL PERFORMANCE WITH THE SEA BY SPONSORED ARTIST SARAH CAMERON
THE FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT - P.O. BOX 86299 - TUSCON, AZ 85754	86-0658103	501(C)(3)	50,000.	0.			FOR ANTICIPATORY, TRANSNATIONAL, AND HOLISTIC EMERGENCY SUPPORT FOR PEOPLE ON THE
THE FOOD PROJECT, INC. ATTN: DEVELOPMENT 10 LEWIS ST. LINCOLN, MA 01773	04-3262532	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
THE FOOD PROJECT, INC. ATTN: DEVELOPMENT 10 LEWIS ST. LINCOLN, MA 01773	04-3262532	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
THE GARDEN'S EDGE P.O. BOX 7758 ALBUQUERQUE, NM 87194	26-0645372	501(C)(3)	20,000.	0.			FOR SEED TRAVELS 2020
THE GOOD FOOD INSTITUTE 1380 MONROE ST., NW #229 WASHINGTON, DC 20010	81-0840578	501(C)(3)	673,994.	0.			FOR GENERAL OPERATING SUPPORT
THE GRAMMAR SCHOOL 69 HICKORY RIDGE ROAD S. PUTNEY, VT 05346	03-0211036	501(C)(3)	33,000.	0.			TO SUPPORT STUDENT FINANCIAL AID

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THE HUMANE LEAGUE PO BOX 10476 ROCKVILLE, MD 20849	04-3817491	501(C)(3)	40,000.	0.			FOR GENERAL OPERATING SUPPORT
THE HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD STREET, NW SUITE 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	7,500.	0.			TO SUPPORT THE FARM ANIMAL PROTECTION GROUP
THE INTERNATIONAL FOCUSING INSTITUTE INC. - 15 N. MILL ST. SUITE 210 - NYACK, NY 10960	36-3425089	501(C)(3)	22,000.	0.			FOR GENERAL OPERATING SUPPORT
THE LAND INSTITUTE 2440 E. WATER WELL ROAD SALINA, KS 67401	48-0842156	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
THE MOSAIC PROJECT 478 SANTA CLARA AVE SUITE 200 OAKLAND, CA 94610	94-3367263	501(C)(3)	10,000.	0.			FOR THE CAPITAL CAMPAIGN
THE PABLOVE FOUNDATION 6607 WEST SUNSET BLVD. LOS ANGELES, CA 90028	26-3006100	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
THE PACHAMAMA ALLIANCE PRESIDIO BLDG #1009 P.O. BOX 29191 SAN FRANCISCO, CA 94129	94-3249793	501(C)(3)	116,000.	0.			FOR GENERAL OPERATING SUPPORT
THE PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., N.W. SUITE 400 - WASHINGTON, DC 20016-4131	52-1394893	501(C)(3)	69,250.	0.			FOR GENERAL OPERATING SUPPORT
THE POLLINATION PROJECT 1569 SOLANO AVE #643 BERKELEY, CA 94707	46-0675457	501(C)(3)	200,000.	0.			FOR GENERAL OPERATING SUPPORT

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THE PRAXIS PROJECT 1900 FRUITVALE AVENUE, SUITE 3D OAKLAND, CA 94601	30-0044814	501(C)(3)	7,000.	0.			TO SUPPORT BLACK ORGANIZING FOR LEADERSHIP AND DIGNITY
THE RED SHOES 2303 GOVERNMENT STREET BATON ROUGE, LA 70806	72-1495796	501(C)(3)	50,000.	0.			FOR GENERAL OPERATING SUPPORT
THE SACRED FIRE FOUNDATION INC. P.O. BOX 11014 MARINA DEL REY, CA 90295	54-2189687	501(C)(3)	100,000.	0.			FOR GENERAL OPERATING SUPPORT
THE SNAKE RIVER ALLIANCE EDUCATION FUND INC. - PO BOX 1731 - BOISE, ID 83701	82-0386993	501(C)(3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT
THE STANDBY PROGRAM 21 NEW WOODS RD GLEN COVE, NY 11542	13-3547204	501(C)(3)	40,000.	0.			FOR THE MADANSKY FILM, A NORTH AMERICAN APOLOGUE PROJECT
THE SUSTAINABLE FOOD LAB 3 LINDEN ROAD HARTLAND, VT 05048	81-1854413	501(C)(3)	60,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE CLIMATE COLLABORATIVE
THE WORKING WORLD THE YARD 116 NASSAU STREET; SUITE 5 NEW YORK, NY 10038	20-2264584	501(C)(3)	257,000.	0.			TO SUPPORT THE SEED COMMONS CAPITAL POOL
THOUSAND CURRENTS 1330 BROADWAY ST. SUITE 301 OAKLAND, CA 94612	77-0071852	501(C)(3)	35,000.	0.			TO SUPPORT INDIGENOUS-LED SOLUTIONS IN PERU AND SOUTH AFRICA
THRESHOLD FOUNDATION 2875 ROUTE 35 KATONAH, NY 10536	13-3028214	501(C)(3)	8,000.	0.			FOR THE FOOD AND FARMING FUNDING CIRCLE

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THUNDER VALLEY COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 290 - PORCUPINE, SD 57772	20-8090454	501(C)(3)	100,000.	0.			TO SUPPORT REGENERATIVE FOOD AND FARMING SYSTEM WORK
TIDES CENTER P.O. BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT TO SOLIDAIRES CLIMATE JUSTICE MOVEMENT FUND
TIDES FOUNDATION 1012 TORNEY AVE. SAN FRANCISCO, CA 94129-1755	51-0198509	501(C)(3)	311,000.	0.			FOR THE MOVEMENT VOTER FUND
TRANSCENDENCE THEATRE COMPANY 19201 SONOMA HIGHWAY #214 SONOMA, CA 95476	46-2182873	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
TRICA 1406 EASTMAN ST. BOISE, ID 83702	57-1197705	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
TSNE MISSIONWORKS 89 SOUTH STREET SUITE 700 BOSTON, MA 02111-2679	04-2261109	501(C)(3)	10,000.	0.			TO SUPPORT FUTURE CHEFS
UNAMESA ASSOCIATION 654 GILMAN ST PALO ALTO, CA 94301	20-5643483	501(C)(3)	50,000.	0.			FOR SUPPORT OF BELLE HAVEN ACTION
UNITED CHARITABLE PROGRAMS 8201 GREENSBORO DRIVE SUITE 702 TYSONS, VA 22102	20-4286082	501(C)(3)	10,000.	0.			FOR RETREEUS
UNITED FOR A FAIR ECONOMY 184 HIGH ST. #603 BOSTON, MA 02110-3160	04-3286118	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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UNITED PLANT SAVERS PO BOX 147 RUTLAND, OH 45775	03-0345256	501(C)(3)	51,500.	0.			FOR NDPONICS FOR THE EENA-AHTAY LAND PURCHASE
UNIVERSITY OF VERMONT FOUNDATION 411 MAIN STREET BURLINGTON, VT 05401	45-1556038	501(C)(3)	10,000.	0.			TO SUPPORT THE AGROECOLOGY AND LIVELIHOODS COLLABORATIVE FUND
UPROSE 166A 22ND ST. BROOKLYN, NY 11232	11-2490531	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
URBAN GROWERS COLLECTIVE 1200 W. 35TH STREET, BOX 118 CHICAGO, IL 60609	82-3336616	501(C)(3)	70,000.	0.			FOR GENERAL OPERATING SUPPORT
URBAN TILTH 323 BROOKSIDE DR. RICHMOND, CA 94801	20-4124161	501(C)(3)	46,000.	0.			FOR GENERAL OPERATING SUPPORT
US FRIENDS OF THE DAVID SHELDRIK WILDLIFE TRUST - 25283 CABOT ROAD SUITE 101 - LAGUNA HILLS, CA 92653	30-0224549	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
VALUES ADVISOR C/O MEGAN MORRICE 81 VERNON ST APT OAKLAND, CA 94610	81-4707650		82,135.	0.			TO PAY CONSULTANTS AND DEVELOPERS
VEGAN OUTREACH P.O. BOX 1916 DAVIS, CA 95617-1916	86-0736818	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
VENTURA LAND TRUST PO BOX 1284 VENTURA, CA 93002	01-0769456	501(C)(3)	75,000.	0.			FOR ONCE UPON A WATERSHED

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VETERANS FOR PEACE C/O DENNY RILEY 5519 PLUMAS AVENUE RICHMOND, CA 94804	90-0034271	501(C)(3)	18,000.	0.			SUPPORT FOR JOURNALISM CONFERENCES FOCUSED ON GETTING RID OF NATIVE AMERICAN MASCOTS IN HIGH
WE CARE SOLAR 2150 ALLSTON WAY, SUITE 340 BERKELEY, CA 94704	30-0627106	501(C)(3)	50,000.	0.			TO SUPPORT THE WE SHARE SOLAR PROGRAM
WEAVING EARTH INC. P.O. BOX 516 GRATON, CA 95444	83-1110798	501(C)(3)	54,000.	0.			FOR GENERAL OPERATING SUPPORT
WHOLE PLANET FOUNDATION 828 WEST SIXTH STREET SUITE 200 AUSTIN, TX 78703	20-2376273	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
WILD BEAR NATURE CENTER PO BOX 3017 NEDERLAND, CO 80466	84-1352764	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT
WILDAID 333 PINE STREET SUITE 300 SAN FRANCISCO, CA 94104	20-3644441	501(C)(3)	147,000.	0.			FOR GENERAL OPERATING SUPPORT
WILDLIFE CONSERVATION NETWORK 209 MISSISSIPPI STREET SAN FRANCISCO, CA 94107	30-0108469	501(C)(3)	90,000.	0.			FOR SAVE THE ELEPHANTS
WINDHAM WINDSOR HOUSING TRUST 68 BIRGE STREET BRATTLEBORO, VT 05301	22-2878487	501(C)(3)	53,000.	0.			FOR INFRASTRUCTURE IMPROVEMENTS
WOMEN WITH A VISION 1226 N. BROAD STREET NEW ORLEANS, LA 70119	72-1202185	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT

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WOMEN'S VISIONARY COUNCIL P.O. BOX 5035 BERKELEY, CA 94705	26-2743089	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
WORKERS CENTER FOR RACIAL JUSTICE 2243 EAST 71ST STREET CHICAGO, IL 60649	45-4461270	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
WORKS ON WATER C/O SARAH CAMERON SUNDE 849 ST NICHOLAS AVE #5A - NEW YORK, NY 10031	82-5435814	501(C)(3)	18,500.	0.			FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL
WORLD WILDLIFE FUND P.O. BOX 97180 WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT
Y ON EARTH PO BOX 2333 BOULDER, CO 80306	83-2308563	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT
YOUTH FOR ENVIRONMENTAL SANITY 3240 KING ST BERKELEY, CA 94703	77-0467495	501(C)(3)	9,000.	0.			TO SUPPORT TIMBY
ZEBRIN FOUNDATION 777 CONCORD AVENUE SUITE 301 CAMBRIDGE, MA 02138	45-1808601	501(C)(3)	50,000.	0.			FOR SEED MONEY TO DESIGN A RESEARCH STUDY OF THE EFFICACY OF THE AXIAL STABILITY
ZEN PEACEMAKERS P.O. BOX 294 MONTAGUE, MA 01351	13-3030252	501(C)(3)	8,000.	0.			FOR THE BEARING WITNESS RETREAT IN POLAND

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPENDS FOR VARIOUS RESEARCH PROJECTS AND PROGRAMS	14	669,735.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

EACH GRANT RECIPIENT RECEIVING MORE THAN \$25,000 IS REQUIRED TO SUBMIT A REPORT WITHIN ONE YEAR FROM WHEN THE GRANT WAS DISBURSED. EACH GRANT REQUIRES THE VERIFICATION OF ELIGIBILITY AND DUE DILIGENCE. THE ORGANIZATION OBTAINS A COPY OF THE GRANTEE'S 501(C)(3) DETERMINATION LETTER OR EQUIVALENT INFORMATION (IF APPLICABLE).

**PART II, LINE 1, COLUMN (H):**

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MOKUOLA HONUA'S SECOND



**Part IV** Supplemental Information

INTERNATIONAL INDIGENOUS LANGUAGES SYMPOSIUM IN NOV 2019

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SLAX, QALGADAX AMA KAANGUX : WEATHER, FOOD AND HEALTH : AN UNANGAX APPROACH TO DOCUMENTING CHANGE AND RESILIENCE IN ALEUT COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PALESTINE HEIRLOOM SEED LIBRARY'S WORK GROWING THE BIOCULTURAL FOOD AND FARMING HERITAGE OF PALESTINE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR PROJECT SUPPORT FOR ANTHROPOSOPHICAL PRISON OUTREACH, AS DESCRIBED IN YOUR FUNDING PROPOSAL TO THE RUDOLF STEINER CHARITABLE TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A FELLOWSHIP FOCUSED ON A BUSINESS PLAN DEVELOPMENT FOR A SHAREHOLDER ENGAGEMENT HUB AT PRESIDIO GRADUATE SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ALUMNI PLATFORM IN HONOR OF WALDORF 100, FROM AN ALUMNUS WHO WISHES TO REMAIN ANONYMOUS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE RECIPROCITY FUND, TO PROVIDE LOANS TO INDIGENOUS-LED SOCIAL ENTERPRISES

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CLIMATE SCIENCE ALLIANCE'S WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF TOOLS

**Part IV** Supplemental Information

TO IMPROVE DIVERSIFICATION ACTIVITIES AMONG SMALL COFFEE GROWERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR COORDINATED ACTION ON CRIMINALIZATION OF LAND AND ENVIRONMENTAL DEFENDERS, INCLUDING THE DEVELOPMENT OF LEGAL BRIEFS AND CASE STUDIES FOR DISSEMINATION THROUGH ERIS COMMUNITY NETWORK, AND DEDICATED LEGAL REPRESENTATION FOR CRIMINALIZED DEFENDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR REGRANTING SUPPORT FOR LITIGATION LED BY PRIVATE LAWYERS IN GUYANA, SURINAME, BRAZIL, HONDURAS/NETHERLANDS, AND ECUADOR

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR EXPERT-LED LEARNING AND RESOURCE SHARING ON STRATEGIES RELATED TO SECURITY, CRIMINALIZATION, AND ADVOCACY ON BEHALF OF ENVIRONMENTAL DEFENDERS WITHIN THE ELAW NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUILD-OUT OF THEIR ONLINE COMPENSATION TOOL AND ONLINE EDUCATION CURRICULUM FOR SURVIVOR-CENTERED, TRAUMA-INFORMED FINANCIAL COACHING FOR PARTNER ORGANIZATIONS WHO WORK WITH DOMESTIC VIOLENCE SURVIVORS

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THEATER IN THE AGE OF CLIMATE CHANGE'S WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROMOTING HOLISTIC WELLBEING AS A FOCUS FOR GRANT-MAKERS CONCERNED WITH PEOPLE ON THE MOVE

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR AN IN-DEPTH REPORTING AND MEDIA EFFORT HIGHLIGHTING THE DRIVERS AND TRENDS OF VIOLENCE AGAINST ENVIRONMENTAL DEFENDERS IN THE DEMOCRATIC REPUBLIC OF CONGO, WITHIN THE NATIONAL PARK RANGER SYSTEM AND BEYOND

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATING SUPPORT FOR PROVIDING ACCESS TO CAPITAL AND RELATED SERVICES IN ORDER TO BUILD GENERATIONAL WEALTH FOR PEOPLE WHO HAVE BEEN SYSTEMICALLY EXCLUDED FROM THESE ECONOMIC OPPORTUNITIES IN THE PAST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR HUMAN RIGHTS 360 TO PROVIDE HOLISTIC AND DIGNIFIED EMERGENCY SUPPORT FOR UNACCOMPANIED AND SEPARATED CHILDREN ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SERIES OF INITIATIVES AND ACTIVITIES IN LATIN AMERICA RELATED TO THE PROTECTION OF HUMAN RIGHTS AND TERRITORIES FOR INDIGENOUS PEOPLES IN THE AMAZON & ANDES REGION.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT KITCHEN TABLE ADVISER'S NEW PROGRAM CULTIVATING FARMER AND RANCHER LEADERSHIP CULTIVATING FARMER AND RANCHER LEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: WITH \$35,000 FOR GENERAL OPERATING SUPPORT, \$10,000 FOR THE JOANNA MACY CENTER, AND \$5,000 FOR THE MACP (MASTERS OF ARTS CONTEMPLATIVE PSYCHOTHERAPY) SCHOLARSHIP FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PROTECTING THE DUE PROCESS RIGHTS OF CHILDREN IN FEDERAL IMMIGRATION CUSTODY CAMPAIGN

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR FINANCIAL BUSINESS BASICS TRAINING FOR FIVE DIRECTORS OF ZUNI PUEBLOS ANCESTRAL RICH TREASURES OF ZUNI COOPERATIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WORK AS DESCRIBED IN YOUR ITP "BLOSSOMING POSSIBILITIES: THE NATURAL HISTORY MUSEUM + NICOLE HELLER GRANT PROPOSAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MONITORING OF MARINE MAMMALS AND IMPACTS OF RECREATIONAL/COMMERCIAL TOURISM ON MARINE MAMMALS OFF LOS ANGELES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ACRE POLICY, FOR WORK AS DESCRIBED IN THE INVOKING THE PAUSE GRANT PROGRAM PROJECT PROPOSAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR MUSO ECONOMIC SUPPORT (\$15,300) AND TO SUPPORT ORGANIZATIONAL OVERHEAD AND GRANTS ADMINISTRATION (\$2,700)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE A SAFE SPACE FOR HEALING AND CONNECTION: ELEVATING SUPPORT FOR 'PEOPLE ON THE MOVE' TO A HOLISTIC LEVEL THROUGH CULTURALLY SENSITIVE AND TRAUMA-INFORMED HEALING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR \$5,000 OR MORE TO SUPPORT THE TEACHING OF UNDERSERVED STUDENTS IN THE PEACE IN SCHOOLS TEEN PROGRAM, AND THE REMAINDER FOR THE ADULT PROGRAM, WHICH PROVIDES MINDFULNESS TRAINING TO UNDERSERVED YOUTH-SERVING PROFESSIONALS

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ZERO FOOTPRINT IN ITS TEAM RETREAT AND STRATEGIC PLANNING EFFORTS, AS OUTLINED IN YOUR PROPOSAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PARTICIPATION IN THE WISDOM OF THE SEEDS CONFERENCE IN CHILE AND FIELD VISITS IN PERU AND BOLIVIA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CONTINUED SUPPORT FOR LEGAL ACTION ON BEHALF OF SHIPIBO COMMUNITIES IN THE UCAYALI REGION OF PERU FACING VIOLENCE, CRIMINALIZATION, AND THE IMPACTS OF ILLEGAL LAND GRABS

(H) PURPOSE OF GRANT OR ASSISTANCE: WITH \$35,000 FOR GENERAL OPERATING SUPPORT AND \$35,000 FOR INITIAL PLANNING SERVICES ON THE NEW LAND PROJECT TO BUILD A HOUSING CENTER FOR THE CHILDREN OF SIMAMA PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT 36.5: A DURATIONAL PERFORMANCE WITH THE SEA BY SPONSORED ARTIST SARAH CAMERON SUNDE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR ANTICIPATORY, TRANSNATIONAL, AND HOLISTIC EMERGENCY SUPPORT FOR PEOPLE ON THE MOVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR JOURNALISM CONFERENCES FOCUSED ON GETTING RID OF NATIVE AMERICAN MASCOTS IN HIGH SCHOOLS

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **RUDOLF STEINER FOUNDATION, INC.**  
 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 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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:

- a** The organization? .....
- b** Any related organization? .....
- 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:

- a** The organization? .....
- b** Any related organization? .....
- 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
1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

**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) JASPER J. VAN BRAKEL CEO/TRUSTEE	(i)	352,335.	0.	0.	2,979.	1,316.	356,630.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) APRIL HINES CFO AND TREASURER START 06/2019	(i)	148,742.	0.	0.	0.	13,258.	162,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIM GREEN SECRETARY AND GENERAL COUNSEL	(i)	175,000.	0.	0.	3,500.	16,705.	195,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSIE LEE CHIEF INV. OFFICER THROUGH 4/2019	(i)	165,519.	0.	250,000.	3,500.	0.	419,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATRINA STEFFEK CHIEF OPERATING OFFICER	(i)	238,050.	0.	0.	3,500.	1,316.	242,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN BLOOM VP, ORGANIZATIONAL CULTURE	(i)	188,200.	0.	0.	3,500.	1,098.	192,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATE DANAHER SR. MGR., SOCIAL ENT/INTEGRATED CAP	(i)	195,000.	0.	0.	3,500.	13,204.	211,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH NELSON VP, CLIENT AND COMMUNITY ENGAGEMENT	(i)	177,500.	0.	0.	3,500.	16,818.	197,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHU DAR YAO HEAD OF INVESTMENTS	(i)	160,894.	0.	0.	417.	1,199.	162,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MELINDA CHEEL SENIOR DIRECTOR, MARKETING	(i)	150,450.	0.	0.	0.	1,054.	151,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CARRIE STALLINGS SENIOR MANAGER, INFORMATION SYSTEMS	(i)	142,250.	0.	0.	2,500.	13,791.	158,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SUSIE LEE RECEIVED A SEVERANCE OF \$250,000 IN 2019, WHICH HAS BEEN REPORTED  
IN "OTHER REPORTABLE COMPENSATION" IN SCHEDULE J, PART II, COLUMN (B)(III).



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	175	10,759,573.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation 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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF ITEMS CONTRIBUTED (DEFINED AS EACH SEPARATE GIFT, RATHER THAN EACH SHARE RECEIVED) IS BEING REPORTED IN SCHEDULE M, PART I, COLUMN B.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

RUDOLF STEINER FOUNDATION, INC.

Employer identification number

13-6082763

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENTREPRENEURS WITH DIVERSE FORMS OF CAPITAL; AND (3) EMPOWERING LEADERS  
AND ADVANCING INNOVATIONS IN THE FIELD OF SOCIAL FINANCE.

FORM 990, PART VI, SECTION A, LINE 2:

MARK A. FINSER (TRUSTEE) AND SIEGRIED E. FINSER (TRUSTEE) HAVE A FAMILY  
RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 3:

CHRIS COOK, A CONSULTANT WITH FLG PARTNERS, LLC, WAS HIRED TO FULFILL THE  
DUTIES OF CFO THROUGH JUNE 2019. COMPENSATION PAID TO FLG PARTNERS, LLC IN  
EXCHANGE FOR CHRIS COOK'S SERVICES TOTALED \$81,355 DURING THE 2019 CALENDAR  
YEAR.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT TAX PREPARER IN CONJUNCTION  
WITH THE ORGANIZATION'S FINANCE AND ACCOUNTING STAFF. THE CFO, GENERAL  
COUNSEL, AND CONTROLLER THEN REVIEW A DRAFT OF THE FORM 990 AND ADJUSTMENTS  
OR REVISIONS ARE MADE, AS NECESSARY. A COMPLETE COPY OF THE FORM 990 IS  
PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE  
SERVICE.

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

ALL TRUSTEES AND SENIOR STAFF (INCLUDING OFFICERS AND KEY EMPLOYEES) ARE  
REQUIRED TO COMPLETE AND SIGN ANNUAL CONFLICT OF INTEREST DISCLOSURE  
STATEMENTS WHICH: (I) DISCLOSE ANY RELATIONSHIPS, POSITIONS, OR OTHER

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization RUDOLF STEINER FOUNDATION, INC.	Employer identification number 13-6082763
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CIRCUMSTANCES THAT COULD POTENTIALLY CONSTITUTE A CONFLICT OF INTEREST;  
 (II) ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE FULL CONFLICT OF INTEREST  
 POLICY; AND (III) AFFIRM THAT THEY WILL COMPLY WITH THE CONFLICT OF  
 INTEREST POLICY. ANY ALLEGED BREACHES OF THE CONFLICT OF INTEREST POLICY  
 ARE REPORTED TO THE AUDIT COMMITTEE, WHO DETERMINE WHETHER THERE IS A  
 CONFLICT OF INTEREST, REVIEW AND INVESTIGATE, AND RECOMMEND COURSE OF  
 ACTION. THE PERSON WITH WHICH A CONFLICT MIGHT EXIST IS NOT ALLOWED TO  
 VOTE ON THE TRANSACTION OR OTHERWISE TRY TO INFLUENCE THE DECISION-MAKERS.  
 THE AUDIT COMMITTEE'S DECISION IN REGARDS TO THE MATTER IS DOCUMENTED IN  
 THE MINUTES OF COMMITTEE MEETING.

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

THE ORGANIZATION UTILIZES A BOARD COMPENSATION COMMITTEE; COMMITTEE MEMBERS  
 DISCUSS THE COMPENSATION FOR THE CEO, OFFICERS, 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 IS PERFORMED ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, CA, 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, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND  
 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization RUDOLF STEINER FOUNDATION, INC.	Employer identification number 13-6082763
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UBI FROM PASSTHROUGHS -2,039.

LOSS ON DISSOLUTION AND TRANSFER OF ASSETS IN RSF

CHARITABLE ASSET MGMT -60,989,973.

TOTAL TO FORM 990, PART XI, LINE 9 -60,992,012.

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**RUDOLF STEINER FOUNDATION, INC.**

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RSF SOCIAL INVESTMENT FUND - 36-4385559 1002A O'REILLY AVENUE SAN FRANCISCO, CA 94129	MISSION-RELATED LOANS ON BEHALF OF RSF	CALIFORNIA	501(C)(3)	LINE 12A, I	RUDOLF STEINER FOUNDATION	X	
RSF GLOBAL COMMUNITY FUND - 94-3396165 1002A O'REILLY AVENUE SAN FRANCISCO, CA 94129	GRANTMAKING ON BEHALF OF RSF	CALIFORNIA	501(C)(3)	LINE 12A, I	RUDOLF STEINER FOUNDATION	X	
YGGDRASIL LAND FOUNDATION, INC. - 94-3372213 1002A O'REILLY AVENUE SAN FRANCISCO, CA 94129	PROTECT FARMLAND, CREATE LAND ACCESS	CALIFORNIA	501(C)(3)	LINE 12A, I	N/A		X
GINUNGAGAP FOUNDATION - 20-1402909 235 MONTGOMERY STREET, 17TH FLOOR SAN FRANCISCO, CA 94104	SUPPORT AND OPERATE PROGRAMS OF RSF	CALIFORNIA	501(C)(3)	LINE 12A, I	RUDOLF STEINER FOUNDATION	X	

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

Schedule R (Form 990) 2019

**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) 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	

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

(a) Name, address, and EIN of related organization	(b) 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
RSF CAPITAL MANAGEMENT, PBC - 26-3080292 1002A O'REILLY AVENUE SAN FRANCISCO, CA 94129	MANAGING FOR-PROFIT ACTIVITIES ON BEHALF OF RSF	DE	RUDOLF STEINER FOUNDATION, INC.	C CORP	23,871.	3,705,484.	100%	X	

**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.

**1** 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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RSF CAPITAL MANAGEMENT, PBC	A	14,660.	BOOK VALUE
(2) RSF CAPITAL MANAGEMENT, PBC	D	3,195,787.	BOOK VALUE
(3) RSF SOCIAL INVESTMENT FUND	D	42,003,168.	BOOK VALUE
(4) RSF SOCIAL INVESTMENT FUND	E	56,228,391.	BOOK VALUE
(5) RSF SOCIAL INVESTMENT FUND	O	1,370,474.	BOOK VALUE
(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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2019**

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) )  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>RUDOLF STEINER FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1002A O'REILLY AVENUE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SAN FRANCISCO, CA 94129-0915</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>13-6082763</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)  <b>523000</b></p>
--	------------------------------	--	---

<p><b>C</b> Book value of all assets at end of year  <b>146,856,383.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **3** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **APRIL HINES** Telephone number ▶ **(415) 561-3900**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	<b>12</b> 67,716.		67,716.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 67,716.		67,716.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	6,013.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>21b</b>	
<b>22</b> Depletion		<b>22</b>	
<b>23</b> Contributions to deferred compensation plans		<b>23</b>	
<b>24</b> Employee benefit programs		<b>24</b>	
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>	
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>	
<b>27</b> Other deductions (attach schedule) <b>SEE STATEMENT 3</b>		<b>27</b>	1,000.
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>	7,013.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>	60,703.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>	60,703.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	75,106.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) <b>STMT 4</b> <b>STMT 5</b>	34	7,439.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	67,667.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	67,667.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	66,667.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	14,000.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	14,000.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	14,000.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	14,000.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	3,057.
b	2019 estimated tax payments	51b	20,000.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	23,057.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	53	116.
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	8,941.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> 8,941. <b>Refunded</b>	56	0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TRACY S. PAGLIA	TRACY S. PAGLIA	11/15/20		P00366884
Firm's name <b>▶ MOSS ADAMS LLP</b>				Firm's EIN <b>▶ 91-0189318</b>	
Firm's address <b>▶ 101 SECOND STREET SUITE 900</b>				Phone no. <b>415-956-1500</b>	
Firm's address <b>▶ SAN FRANCISCO, CA 94105</b>					

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7			
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

Form 990-T (2019)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
<b>Totals</b>		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 26. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

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FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY      STATEMENT 1

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INTEREST/FEE INCOME - NON-PROGRAM LOANS

TO FORM 990-T, PAGE 1

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FORM 990-T      OTHER INCOME      STATEMENT 2

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DESCRIPTION	AMOUNT
INTEREST INCOME FROM NON-PROGRAM LOANS	67,716.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	67,716.

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FORM 990-T      OTHER DEDUCTIONS      STATEMENT 3

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DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	1,000.

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FORM 990-T      CONTRIBUTIONS      STATEMENT 4

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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS TO 501(C)(3)S	N/A	18,913,744.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		18,913,744.



FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2014  
 FOR TAX YEAR 2015  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017 11,244,760  
 FOR TAX YEAR 2018 13,939,971

TOTAL CARRYOVER 25,184,731  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 18,913,744

TOTAL CONTRIBUTIONS AVAILABLE 44,098,475  
 TAXABLE INCOME LIMITATION AS ADJUSTED 7,411

EXCESS CONTRIBUTIONS 44,091,064  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 44,091,064

ALLOWABLE CONTRIBUTIONS DEDUCTION 7,411

TOTAL CONTRIBUTION DEDUCTION 7,411

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

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

Unrelated Business Activity Code (see instructions) ▶ **523000**

Describe the unrelated trade or business ▶ **UBI FROM INV NOT MEETING DE MINIMIS / CONTROL**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>		

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>		
<b>22</b> Depletion	<b>22</b>		
<b>23</b> Contributions to deferred compensation plans	<b>23</b>		
<b>24</b> Employee benefit programs	<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)	<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)	<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>27</b>		
<b>28 Total deductions.</b> Add lines 14 through 27	<b>28</b>		<b>0.</b>
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	<b>29</b>		<b>0.</b>
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	<b>STMT 6</b>	<b>0.</b>
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M		NET OPERATING LOSS DEDUCTION		STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	514.		514.	514.
NOL CARRYOVER AVAILABLE THIS YEAR			514.	514.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 2

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

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

Unrelated Business Activity Code (see instructions) ▶ **523000**

Describe the unrelated trade or business ▶ **UBI FROM INV MEETING DEMINIMIS / CONTROL TEST**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b> 1,001.		1,001.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 1,038.		1,038.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 2,039.		2,039.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		10.
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>SEE STATEMENT 7</b>	<b>27</b>		1,000.
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		1,010.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		1,029.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>STMT 8</b>	<b>30</b>		286.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		743.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

1,000.

TOTAL TO SCHEDULE M, PART II, LINE 27

1,000.

SCHEDULE M

NET OPERATING LOSS DEDUCTION

STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	286.		286.	286.
NOL CARRYOVER AVAILABLE THIS YEAR			286.	286.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

ENTITY 3

OMB No. 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

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

Unrelated Business Activity Code (see instructions) ▶ **900003**

Describe the unrelated trade or business ▶ **INTEREST INCOME FROM CONTROLLED ORGANIZATION**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b> 14,660.		14,660.
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 14,660.		14,660.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>			
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>			<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)	<b>SEE STATEMENT 9</b>	<b>27</b>		1,000.
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		1,000.
<b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		<b>29</b>		13,660.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>		0.
<b>31</b> Unrelated business taxable income. Subtract line 30 from line 29		<b>31</b>		13,660.

LHA **For Paperwork Reduction Act Notice, see instructions.**

Schedule M (Form 990-T) 2019

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION

AMOUNT

TAX PREPARATION FEES

1,000.

TOTAL TO SCHEDULE M, PART II, LINE 27

1,000.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) RSF CAPITAL					
(2) MANAGEMENT, PBC	26-3080292				
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2) -127,462.	0.	14,660.	14,660.	0.
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			14,660.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5))						



**SCHEDULE O  
(Form 1120)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

Name  <b>RUDOLF STEINER FOUNDATION, INC.</b>	Employer identification number  <b>13-6082763</b>
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**Part I Apportionment Plan Information**

1 Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending \_\_\_\_\_, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. **N/A**

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

7  If the corporation has a short tax year that does not include December 31, check the box. See instructions.

**Part II Apportionment** (See instructions)

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Apportionment			
			(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other	
1	RUDOLF STEINER FOUNDATION, INC.	13-6082763	19-12	0.	0.	0.
2	RSF SOCIAL INVESTMENT FUND, INC.	36-4385559	19-12	0.	0.	0.
3	RSF CAPITAL MANAGEMENT, PBC	26-3080292	19-12	0.	0.	0.
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

Schedule O (Form 1120) (Rev. 12-2018)

**Capital Gains and Losses**  
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name **RUDOLF STEINER FOUNDATION, INC.** Employer identification number **13-6082763**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation)				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>7</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	<b>18</b> 0.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

**Capital Gains and Losses**  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
 ▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name **RUDOLF STEINER FOUNDATION, INC.** Employer identification number **13-6082763**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**Part II Long-Term Capital Gains and Losses** (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>1,001.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> <b>10.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> <b>1,011.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>1,011.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....	<b>18</b>	<b>1,011.</b>

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or taxpayer identification no.**

**RUDOLF STEINER FOUNDATION, INC.**

**13-6082763**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	NORTH SKY CLEANTECH VENTURES, LP							1,001.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								1,001.

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name **RUDOLF STEINER FOUNDATION, INC.** Employer identification number **13-6082763**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	14,000.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	14,000.
4	Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....	4	17,514.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	14,000.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>		(a)	(b)	(c)	(d)	
9	<b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	04/15/19	06/15/19	09/15/19	12/15/19
10	<b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	10	3,500.	3,500.	3,500.	3,500.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	11	3,057.			20,000.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>						
12	Enter amount, if any, from line 18 of the preceding column .....	12				
13	Add lines 11 and 12 .....	13				20,000.
14	Add amounts on lines 16 and 17 of the preceding column .....	14		443.	3,943.	7,443.
15	Subtract line 14 from line 13. If zero or less, enter -0- .....	15	3,057.	0.	0.	12,557.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		443.	3,943.	
17	<b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	17	443.	3,500.	3,500.	
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2019 and before 7/1/2019 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>116.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.





**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

**RUDOLF STEINER FOUNDATION, INC.**

Identifying number  
**13-6082763**

**1** Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>NORTH SKY CLEANTECH VENTURES, LP</b>						<b>10.</b>

<b>3</b> Gain, if any, from Form 4684, line 39	<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	<b>7</b> <b>10.</b>

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions	<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	<b>9</b> <b>10.</b>

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


<b>11</b> Loss, if any, from line 7	<b>11</b> ( )
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
<b>13</b> Gain, if any, from line 31	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
<b>17</b> Combine lines 10 through 16	<b>17</b>
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4	<b>18b</b>

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price ( <b>Note:</b> See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the <b>smaller</b> of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	