### EXTENDED TO NOVEMBER 15, 2021

Form **990** 

## 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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

Open to Public Inspection

<b>B</b> c	heck if	C Name of organization	D Employer identific	cation number
	¬Addre	METAFOUNDATION		
	chang Name chang	DBA POST CARBON INSTITUTE	<del> </del> 65-12084	62
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/sui	_	
	Final return	800 CW WACHTNOTON AVE	541-566-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	935,259.
	Ameno return	CORVALLIS, OR 97333	H(a) Is this a group re	
	Application pendir	F Name and address of principal officer. LILLEL OLIVER	for subordinates	? Yes X No
		800 SW WASHINGTON AVE, SUITE 5, CORVALLIS,	<b>—</b>	ncluded? Yes No
			<del></del>	list. See instructions
		te: WWW.POSTCARBON.ORG	H(c) Group exemption	
		organization: X Corporation Trust Association Other ► L Ye	ar of formation: 2003 N	1 State of legal domicile: OR
ГС		Briefly describe the organization's mission or most significant activities: POST CARE	ON THETTTITE	T.FADS THE
Activities & Governance	1	TRANSITION TO A MORE SUSTAINABLE, RESILIENT,	AND EQUITABLE	E WORLD.
ern		Check this box   if the organization discontinued its operations or disposed of mo	ore than 25% of its net as	ssets.
30	l	Number of voting members of the governing body (Part VI, line 1a)		7
ø		Number of independent voting members of the governing body (Part VI, line 1b)		
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<del></del>	8
ξį		Total number of volunteers (estimate if necessary)		0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	l b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	838,791.	927,606.
nue		Program service revenue (Part VIII, line 2g)	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,074.	1,450.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,218.	6,203.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	864,083.	935,259.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,925.	94,960.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	570,747.	628,875.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25)  42,373.	140 765	242 021
_	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,765. 718,437.	242,921. 966,756.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,646.	-31,497.
- SS	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
let Assets or und Balances	20	T	854,823.	End of Year 831,317.
Ass  Bal	21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)	21,715.	29,706.
Pref	22	Net assets or fund balances. Subtract line 21 from line 20	833,108.	801,611.
	rt II	Signature Block	, ,	· · · · · · · · · · · · · · · · · · ·
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	
Sig	า	Signature of officer	Date	
Her	е	PHILIP JENSEN, CHIEF FINANCIAL OFFICER  Type or print name and title		
		21 1	Date Check	X     PTIN
Paid	ı	Print/Type preparer's name  KRISTEN GOSE, CPA  Preparer's signature	11/08/21 Check L.	
	arer	Firm's name ANDERSON GROUP CPAS, LLC	Firm's FIN >	93-1233035
	Only	Firm's address 2165 NW PROFESSIONAL DR, STE 101	I IIIII 5 LIIV	75 1233033
		CORVALLIS, OR 97330	Phone no. 54	1-757-2070
May	the If	RS discuss this return with the preparer shown above? See instructions	1. 110110 11010 =	X Yes No

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### **METAFOUNDATION**

Form 990 (2020)

DBA POST CARBON INSTITUTE

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	POST CARBON INSTITUTE PROVIDES INDIVIDUALS, COMMUNITIES, BUSINESSES,
	AND GOVERNMENTS WITH THE RESOURCES NEEDED TO UNDERSTAND AND RESPOND TO
	THE INTERRELATED ECONOMIC, ENERGY, AND ENVIRONMENTAL CRISES THAT
	DEFINE THE 21ST CENTURY.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	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 \$
	AWARENESS:
	THE AWARENESS PROGRAM AREA IS INTENDED TO REACH A BROAD AUDIENCE AND TO
	DELIVER FUNDAMENTAL INFORMATION PEOPLE NEED IN ORDER TO RECOGNIZE AND
	RESPOND TO THE INTERRELATED ENERGY, ENVIRONMENTAL, ECONOMIC, AND EQUITY
	CRISES OF MODERN TIMES. THIS PROGRAM AREA CONTAINS THE LARGEST
	CONCENTRATION OF PCI'S PROJECTS:
	-RESILIENCE.ORG IS THE LEADING ONLINE HUB FOR THE COMMUNITY RESILIENCE
	MOVEMENT.
	-PUBLICATIONS IS OUR PROJECT FOR REACHING AUDIENCES WITH WRITTEN
	MATERIAL IN FORMAL, IN-DEPTH FORMATS, SUCH AS BOOKS AND REPORTS.
4b	(Code:) (Expenses \$52,543 • _ including grants of \$) (Revenue \$)
	UNDERSTANDING:
	THE UNDERSTANDING PROGRAM AREA IS INTENDED TO HELP THOSE WHO HAVE
	GAINED AWARENESS OF SUSTAINABILITY ISSUES TO ATTAIN MORE DEPTH OF
	KNOWLEDGE AND MORE CONFIDENCE IN WHAT THEY KNOW. PROJECTS INCLUDED IN
	THIS PROGRAM AREA:
	-THINK RESILIENCE IS PCI'S ONLINE COURSE AND FLAGSHIP RESOURCE FOR
	DEEP-DIVE EDUCATION.
	-UNCERTAIN FUTURE FORUM IS A PROJECT THAT GATHERS A SET OF EXPERTS TO
	ANALYZE AND DISCUSS TIMELY, CONTROVERSIAL, UNDER-EXPOSED TOPICS RELATED
	TO ENERGY AND COMMUNITY RESILIENCE.
	4.70.060
4c	(Code: ) (Expenses \$ 173,269 • including grants of \$ 94,960 • ) (Revenue \$)
	ACTION:
	THE ACTION PROGRAM AREA IS AN AREA OF GROWTH IN WHICH WE ENCOURAGE OUR
	CONSTITUENTS TO MOVE FROM THINKING AND LEARNING TO DOING. PROJECTS
	INCLUDED IN THIS PROGRAM AREA:
	-ACTION ROUTES IS OUR PROJECT, ALONG WITH PARTNER ORGANIZATIONS, FOR
	DIRECTING THINK RESILIENCE PARTICIPANTS AND OTHER PCI CONSTITUENTS TO
	TAKE SPECIFIED ACTIONS IN THEIR COMMUNITIES.
	-GRASSROOTS MINI-GRANTS CONSISTS OF AWARDING SMALL GRANTS TO TRANSITION
	AND ANTI-FRACKING GROUPS THAT TAKE ON-THE-GROUND ACTIONS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
4e	Total program service expenses ► 826,424.

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			. v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
.5	complete Schedule G, Part III	19		х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

### **METAFOUNDATION**

	1990 (2020) DBA POST CARBON INSTITUTE 65-120	8462	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		X
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	·   23		
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. —		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
20	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	. 27		- 25
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١
	Schedule N, Part II	. 32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			. v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. 35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2			Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	Establisha manifesta and the Barro of Farm 1999 File 1997 A. H.	6	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	6		
ม	Linter the number of Forms wize included in lifteria. Enterior if hot applicable in this in the included in th	~		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	· ·			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b>6</b> -		X
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		6a		
D			6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		<u> </u>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
a			9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	T	10b			
11	Section 501(c)(12) organizations. Enter:	100			
		11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
		13b			
		13c	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		46		X
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.		15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	income?	10		
			Form	000	(2020

### **METAFOUNDATION**

Form 990 (2020)

DBA POST CARBON INSTITUTE

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

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
		1 1	-	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х					
b	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		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approx								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b		Х				
	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 arrange	ement with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic								
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶CA , OR								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)(	3)s only	/) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.	. (7)	. ,						
	77 77	n on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	nd finai	ncial					
	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 be	ooks and records							
	THE ORGANIZATION - 541-566-8700	- ,							
	800 SW WASHINGTON AVE. NO. 5. CORVALLIS, OR 97333	3							

Form **990** (2020)

#### Page 7

### 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

**METAFOUNDATION** 

- 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.

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

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

(A)	(B)	l	AI 112C		C)	прс	iisai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week (list any						<u> </u>	from the	from related organizations	other compensation
	hours for	r direc				pa:		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations below	nal tru	onal t		ployee	comp ee				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ASHER MILLER	40.00									
EXECUTIVE DIRECTOR		Х						80,761.	0.	13,963.
(2) RICHARD HEINBERG	40.00									
SECRETARY		Х		Х				80,824.	0.	11,164.
(3) JASON BRADFORD	1.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) PHILIP JENSEN	1.00			l					•	•
CHIEF FINANCIAL OFFICER	1 00	Х		Х				0.	0.	0.
(5) CHUCK COLLINS	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(6) JONI PRADED	1.00	X						0.	0.	0
(7) DAVID BLITTERSDORF	1.00	^						0.	0.	0.
(/) DAVID BLITTERSDORF DIRECTOR	1.00	Х						0.	0.	0.
(8) VICKI ROBIN	1.00	^						0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.
2 inderent								•		
		l								
		ł								
										- 000

Form **990** (2020)

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Part VII Section A. Officers, Directors, T	rustees, Key Em (B)	ploy	ees		d Hi C)	ighe	st C	Compensated Employe (D)				/E\	
<b>(A)</b> Name and title	Average			Pos	ition			Reportable	<b>(E)</b> Reportable		Fo	(F) timate	ad.
Name and title	hours per	box	, unle	ss pe	rson	than is bot	h an		compensation			nount	
	week	⊢—	cer an	nd a d	irecto	or/trus	tee)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	stee			ısated		organization (W-2/1099-MISC)	(W-2/1099-MI	50)		om the anizati	
	organizations	trust	nal tru		oyee	ompe		,				d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
	ilite)	트	lus	#0	Ke	en Hig	호						
		1											
		1											
1b Subtotal							<u> </u>	161,585.		0.	2	5,1	<del>27.</del>
c Total from continuation sheets to Par								0.		0.			0.
d Total (add lines 1b and 1c)								161,585.		0.	2	5,1	<u>27.</u>
<ul><li>Total number of individuals (including but compensation from the organization</li></ul>		nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			0
Somponication from the organization												Yes	No
3 Did the organization list any <b>former</b> offic			•		•		_		•				X
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the											3		
and related organizations greater than \$	· · · · · · · · · · · · · · · · · · ·		-					•	trie organization		4		X
5 Did any person listed on line 1a receive									dual for services				
rendered to the organization? If "Yes," o	omplete Schedu	le J f	or st	uch	pers	son .		-			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest	componented in	done	ando	nt c	onti	racto	ore t	that received more than	\$100,000 of con	anone	ation t	rom	
the organization. Report compensation		-								прспо	ation	10111	
(A) Name and busine	ess address	NO	ONE	₹.				<b>(B)</b> Description of s	ervices	С	<b>O</b> ompe	<b>))</b> nsatio	n
			J111					· .			•		
							_						
<ul><li>Total number of independent contractor</li><li>\$100,000 of compensation from the org</li></ul>		not li	mite	d to		se li: 0	stec	d above) who received m	nore than				
, , , , , , , , , , , , , , , , , , , ,	· F										Form	990 (2	2020)

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### METAFOUNDATION DBA POST CARBON INSTITUTE

Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A)	(B)	(C)	<b>(D)</b> Revenue excluded
				Related or exempt function revenue	Unrelated business revenue	from tax under
						sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a				
Sra Iou	b	Membership dues 1b				
S, (	С	Fundraising events1c				
la git	d	Related organizations1d				
ini,	е	Government grants (contributions) 1e 96,773	<u>.</u>			
ig ig	f	All other contributions, gifts, grants, and				
ğ ¥		similar amounts not included above 1f 830,833	<u>.</u>			
g	g	Noncash contributions included in lines 1a-1f				
<u>8</u> 0	h	Total. Add lines 1a-1f	927,606.			
		Business Cod	e			
Se	2 a					
Program Service Revenue	b					
n Si	С					
ran ev	d					
og	е					
ه ا	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and	1			
		other similar amounts)	1,450.			1,450.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
ne		and sales expenses <b>7b</b>				
Ver	С	Gain or (loss) 7c				
Be	d	Net gain or (loss)				
ther Revenue	8 a	Gross income from fundraising events (not				
ŏ∣		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	С	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances 10a				
	b	Less: cost of goods sold10b				
	С	Net income or (loss) from sales of inventory				
တ		Business Cod				
eon e	11 a	PUBLISHING ACTIVITY 511199	3,825.	3,825.		
and	b	APPEARANCE AND OTHER S 900009	2,378.	2,378.		
Miscellaneous Revenue	С					
Si <sub>E</sub>	d	All other revenue				
	е	Total. Add lines 11a-11d	6,203.			
	12	Total revenue. See instructions	935,259.	6,203.	0.	1,450.

032009 12-23-20

Form **990** (2020)

### METAFOUNDATION DBA POST CARBON INSTITUTE

### Form 990 (2020)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complet

Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A).

	Check if Schedule O contains a respons			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0.4.050	0.4.050		
	individuals. See Part IV, lines 15 and 16	94,960.	94,960.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	106 510	168 156	6 004	12 226
	trustees, and key employees	186,712.	167,156.	6,224.	13,332
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	270 407	205 447	60 255	01 605
7	Other salaries and wages	379,487.	295,447.	62,355.	21,685
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 047	15 560	2 207	000
9	Other employee benefits	19,847.	15,568.	3,297.	982
0	Payroll taxes	42,829.	34,889.	5,262.	2,678
1	Fees for services (nonemployees):				
а	Management	2 262	2 262		
	Legal	3,262. 10,000.	3,262.	10 000	
	Accounting	10,000.		10,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	171,447.	160 516	568.	2 262
	column (A) amount, list line 11g expenses on Sch O.)	8,746.	168,516. 8,746.	300.	2,363
2	Advertising and promotion	7,025.	241.	6,778.	6
13	Office expenses	4,974.	4,406.	422.	146
4	Information technology	4,3/4.	4,400.	444.	140
5	Royalties	12,625.	10,842.	1,326.	457
6	Occupancy	736.	736.	1,320.	437
7	Travel	750.	750.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,300.	2,300.		
9	Conferences, conventions, and meetings	4,300.	۵,500۰		
20	Interest				
21	Payments to affiliates	2,940.	2,517.	291.	132
2	Depreciation, depletion, and amortization	4,990.	4,274.	533.	183
3	Other expenses. Itemize expenses not covered	<del>-</del> , 330•	I, 4/4.	555.	100
4	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) SUPPLIES	13,876.	12,564.	903.	409
a h		13,070	12,504.	703.	±03
b					
q					
d	All other expenses				
е 25	All other expenses	966,756.	826,424.	97,959.	42,373
:5 :6	Joint costs. Complete this line only if the organization	200,1300	020, 424.	J , , J J J •	40,0/Q
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	vaavationai vainpaidii allu lullulaisiilu SUllulaliUll.				

Form **990** (2020)

Part X | Balance Sheet

**METAFOUNDATION** 

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			318,980.	1	274,081.
	2	Savings and temporary cash investments			280,995.	2	417,778
	3	Pledges and grants receivable, net		240,826.	3	128,899	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese pers	ons		5	
sts	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	oed in se	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			7,825.	9	7,302
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	. 10a	43,153.			
	b	Less: accumulated depreciation	10b	40,896.	5,197.	10c	2,257
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,000.	15	1,000		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	854,823.	16	831,317
	17	Accounts payable and accrued expenses		21,715.	17	29,706	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
ia ge		controlled entity or family member of any of the	=			22	
_	23	Secured mortgages and notes payable to uni		F		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D			01 715	25	20 706
	26	Total liabilities. Add lines 17 through 25			21,715.	26	29,706
Ş		Organizations that follow FASB ASC 958, o	heck he	e ▶ X			
nce		and complete lines 27, 28, 32, and 33.			410 600		CC1 F2C
<u>a</u>	27	Net assets without donor restrictions			418,690.	27	661,536
В В	28	Net assets with donor restrictions			414,418.	28	140,075
ä		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
o L		and complete lines 29 through 33.					
ets.	29	Capital stock or trust principal, or current fun-				29	
SS(	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	022 100	31	001 611
ž	32	Total net assets or fund balances			833,108.	32	801,611
	33	Total liabilities and net assets/fund balances			854,823.	33	831,317

### **METAFOUNDATION** DBA POST CARBON INSTITUTE

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	83	<u>3,1</u>	08.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	80	1,6	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

DBA POST CARBON INSTITUTE

**METAFOUNDATION** 

**Employer identification number** 65-1208462

Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	See instructions.		
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch							
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 <b>section 170(b)(1)(A)(iii)</b> .							
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,							
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in	
5		section 170(b)(1)(A)(iv). (C		inege of drillversity owner	а ог орста	ica by a g	overnmental and desent	JCG    1	
6				aantal unit daaarihad in	coetion 17	70/6//4//4/	(v)		
6	H	A federal, state, or local gov	_					nublic described in	
7		An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (Co		4\\4\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-	<b>.</b> \				
8	Н	A community trust describe							
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the colleg	je or	
	v	university:							
10	X	An organization that norma							
		activities related to its exen							
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	. ,						
11	H	An organization organized a	· ·	•	-				
12		An organization organized a	· ·	•	-		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or	-					check the box in	
		lines 12a through 12d that	• •			-	•		
а		■ Type I. A supporting orga	· ·		•	•			
		the supported organization			a majority (	of the dire	ctors or trustees of the s	supporting	
		organization. You must c							
b			•					-	
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported	
		organization(s). You mus							
С							•	ed with,	
		its supported organization		•					
d		☐ Type III non-functionally					• • • • • •	• •	
		that is not functionally int	-		•		•	iveness	
		requirement (see instructi	•	•	•				
е		☐ Check this box if the orga					a Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.			
T		er the number of supported of	-						
g		ride the following information  i) Name of supported	ii) EIN	d organization(s).  (iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
	•	organization	(11) 2.114	(described on lines 1-10	in your governi <b>Yes</b>	ng document? <b>No</b>	support (see instructions)	support (see instructions)	
		-		above (see instructions))	103	140			
- Ota									

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.)

<u>5</u> ec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	` ,	, ,	, ,	, ,	` '	.,
	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2020 (li	ine 6, column (f), c	livided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	t - <b>2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts				=	VI how the organiz	ation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	t - <b>2019.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circur	nstances test, che	ck this box and <b>st</b>	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu						▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 DBA POST CARBON INSTITUTE

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

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

Se	ction A. Public Support	, ,	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	773,608.	1018021.	354,079.	838,791.	927,606.	3912105.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	773,608.	1018021.	354,079.	838,791.	927,606.	3912105.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		502,349.	98,518.		106,005.	706,872.
k	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					101	0.
C	Add lines 7a and 7b		502,349.	98,518.		106,005.	706,872.
	Public support. (Subtract line 7c from line 6.)						3205233.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	773,608.	1018021.	354,079.	838,791.	927,606.	3912105.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,	4 000	4 4 4 4	4 0 7 0	0 0 7 4	4 450	
	and income from similar sources	1,223.	1,101.	1,870.	2,074.	1,450.	7,718.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1 000	1 101	4 0 0 0	0 0 0 1	4 450	
	Add lines 10a and 10b	1,223.	1,101.	1,870.	2,074.	1,450.	7,718.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	BB 4 004	1010100	255 242	0.40 0.65	000 056	201000
	Total support. (Add lines 9, 10c, 11, and 12.)	774,831.	1019122.	-	840,865.		3919823.
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
<u> </u>	check this box and stop here	:- O					<u></u> ▶□
	ction C. Computation of Publ						81.77 %
	Public support percentage for 2020 (I		•			15	00 55
	Public support percentage from 2019					16	83.57 %
	ction D. Computation of Inves			10 l (f)		17	.20 %
	Investment income percentage for 20						10
	Investment income percentage from 2			on line 14, and line		18   2 1/30/ and line 1	
198	a 33 1/3% support tests - 2020. If the						/ is not ► X
	more than 33 1/3%, check this box a						
r	33 1/3% support tests - 2019. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						<b>T</b>

### METAFOUNDATION Schedule A (Form 990 or 990-EZ) 2020 DBA POST CARBON INSTITUTE

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

## METAFOUNDATION Schedule A (Form 990 or 990-EZ) 2020 DBA POST CARBON INSTITUTE

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	2		
360	tion 6. Type if Supporting Organizations			
_	When a section to the second section to the second section and the second section to the section of the section to		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		25		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	۵.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 DBA POST CARBON INSTITUTE 65-1208462 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

6

instructions).

emergency temporary reduction (see instructions).

	the A (Form 990 of 990-EZ) 2020 DB11 1 OB1 CIMED	(-)(0) 0			3 1200102 Page 1
	t V Type III Non-Functionally Integrated 509	v(a)(3) Supporting Org	anizations (continu	ued)	
	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity		2		
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990 or 990-EZ) 2020

a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

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

### Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
PHILIP JENSEN	0.	202,349.	98,518.	0.	106,005.
DAVID BLITTERSDORF	0.	300,000.	0.	0.	0.
Total to Schedule A, Part III, Line 7a		502,349.	98,518.		106,005.

### **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 Open to Public Inspection

Name of the organization

**METAFOUNDATION** 

DBA POST CARBON INSTITUTE

**Employer identification number** 65-1208462

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	(	
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		·
h	Assets included in Form 990, Part X		<b>▶</b> \$

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

Schedule D (Form 990) 2020

	METAFO	UNDATION					
Sche	dule D (Form 990) 2020 DBA PO	ST CARBON I	NSTITUTE		65-12	08462	Page 2
Par	t III Organizations Maintaining	Collections of A	rt, Historical T	reasures, or Oth	ner Similar Asse	e <b>ts</b> (continue	d)
3	Using the organization's acquisition, acces	sion, and other recor	ds, check any of the	e following that make	significant use of its	3	
	collection items (check all that apply):						
а	Public exhibition	•	d Loan or ex	change program			
b	Scholarly research	•	e				
С	Preservation for future generations						
4	Provide a description of the organization's	collections and expla	in how they further	the organization's ex	empt purpose in Pa	rt XIII.	
5	During the year, did the organization solicit		•	•			
	to be sold to raise funds rather than to be					Yes	No_
Par	t IV Escrow and Custodial Arra		lete if the organization	on answered "Yes" o	on Form 990, Part IV,	line 9, or	
	reported an amount on Form 990, P						
1a	Is the organization an agent, trustee, custo					٦ ٢	<b>—</b>
	on Form 990, Part X?				L	∐ Yes L	No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing table:				
_	Designing belows				4-	Amount	
	Beginning balance						
	Additions during the year						
	Distributions during the year						
f 20	Ending balance  Did the organization include an amount on					Yes	No
	If "Yes," explain the arrangement in Part XI		•			[	
Par						L	
	·	(a) Current year	(b) Prior year	(c) Two years back	i	(e) Four yea	ars back
1a	Beginning of year balance	<u> </u>				,,,,,	
	Contributions						
	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cu	urrent year end balan	ce (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
С	Term endowment	_%					
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.					
3а	Are there endowment funds not in the pos	session of the organiz	zation that are held	and administered for	the organization		
	by:					Ye	s No
	(i) Unrelated organizations						+
	(ii) Related organizations					3a(ii)	+
b	If "Yes" on line 3a(ii), are the related organia	zations listed as requ	ired on Schedule R'	?		. 3b	

#### 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								
С	Leasehold improvements								
	Equipment		43,153.	40,896.	2,257.				
e	Other								
Tota	Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Schedule D (Form 990) 2020

### METAFOUNDATION

Part VII Investments - Other Securities.	REON INSTITU	<u> </u>	-1200402 Page
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	e 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	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			-
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	•	·	
Complete if the organization answered "Yes" o	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
· · · · · · · · · · · · · · · · · · ·			()
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide t	trie text of the foothote f	o trie organization's financial statements	mat reports the

Schedule D (Form 990) 2020

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..

	METAFOUNDATION			
Sche	edule D (Form 990) 2020 DBA POST CARBON INSTITU			208462 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	935,259
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
c	Recoveries of prior year grants			
d				
			2e	0.
3	Add lines 2a through 2d			935,259
	Subtract line 2e from line 1			755,257
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)			0
_	Add lines 4a and 4b			025 250
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			935,259
Pa	rt XII Reconciliation of Expenses per Audited Financial St		nses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, li			066 856
1	Total expenses and losses per audited financial statements		1	966,756.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	/-			
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			966,756
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1		—————	966,756
	rt XIII Supplemental Information.	,	<u> </u>	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		1 arc v, iii e 4, 1 arc x,	

Schedule D (Form 990) 2020

#### 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 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization METAFOUNDATION

DBA POST CARBON INSTITUTE

Employer identification number

65-1208462

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

1	<del>-</del>	-		ds to substantiate the amount of its gra		
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes X 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.						side the
3	Activities per Region. (T	he following Parl	I. line 3 table ca	an be duplicated if additional space is r	needed.)	
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram 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
3 2	Subtotal	0	C			0.
	Total from continuation					<u> </u>
D	sheets to Part I	l 0				0.
_	Totals (add lines 3a					<u> </u>
C	i utais (aud iii les sa	İ	1			

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Schedule F (Form 990) 2020

65-1208462

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>(b)</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)
			SUPPORT ANTHROPOCENE					
			ACTIONS PROMOTING					
			FAIR, LOVING AND					
		KINGDOM	ECOLOGICALLY	94,960.		0.		
2 Enter total number of			recognized as charities by the	<u> </u>	<u> </u>			

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

### 65-1208462

Schedule F (Form 990) 2020

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.

**METAFOUNDATION** 

DBA POST CARBON INSTITUTE

Part III can be duplicated if a	idditional space is neede		1		<del>,                                     </del>		1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							hula E (Easses 000) 0000

Page 3

### Schedule F (Form 990) 2020 I 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 DBA POST CARBON INSTITUTE	65-1208462	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounts)		,
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth (estimated number of recipients), as applicable. Also complete this part to provide any additional infor		)
PART II, COLUMN (D):		
REGION: BRISTOL, UNITED KINGDOM		
(D) PURPOSE OF GRANT: SUPPORT ANTHROPOCENE ACTIONS PROMOT	ING FAIR,	
LOVING AND ECOLOGICALLY REGENERATIVE SOCIETIES.		

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

**METAFOUNDATION** DBA POST CARBON INSTITUTE

**Employer identification number** 65-1208462

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: -GENERAL COMMUNICATIONS IS THE PROJECT THAT HELPS DELIVER OUR CONTENT TO OUR AUDIENCE THROUGH DISTRIBUTION OF NEWSLETTERS, SOCIAL MEDIA POSTS, MEDIA OUTREACH, AND RESPONSES TO PUBLIC INQUIRIES. -PODCASTS IS OUR PROJECT FOR REACHING OUR AUDIENCE WITH CONTENT DEVELOPED FOR LISTENERS. -EVENTS CONSIST OF PREPARATION FOR AND DELIVERY OF LIVE SPEAKING EVENTS AND ONLINE WEBINARS. -MUSINGS IS OUR PROJECT TO PRODUCE AND PROMOTE ARTICLES THAT EXPRESS PCI'S VIEWS ON ENERGY, COMMUNITY RESILIENCE, AND CURRENT EVENTS. HIGHLIGHTS OF THE AWARENESS PROGRAM AREA IN 2019 INCLUDE: -PUBLICATION OF 30 ARTICLES PER WEEK ON RESILIENCE.ORG -PUBLICATION OF 122 ORIGINAL ARTICLES ON RESILIENCE.ORG -PUBLICATION OF THE 2019 SHALE REALITY CHECK -PUBLICATION OF THE REPORT HOW LONG WILL THE SHALE REVOLUTION LAST?: TECHNOLOGY VERSUS GEOLOGY AND THE LIFECYCLE OF SHALE PLAYS -PUBLICATION OF THE REPORT THE FUTURE IS RURAL: FOOD SYSTEM ADAPTATIONS TO THE GREAT SIMPLIFICATION -SUCCESSFUL LAUNCH OF THE CRAZY TOWN PODCAST WITH 13 ORIGINAL EPISODES, 5-STAR RATING ON ITUNES, AND APPROXIMATELY 1,500 LISTENS WITHIN THE FIRST 30 DAYS OF RELEASE OF EACH EPISODE. -DELIVERY OF THREE KEYNOTE PRESENTATIONS BY RICHARD HEINBERG -PRODUCTION OF AN ORIGINAL IDEA-GENERATING CONFERENCE, "NAVIGATING THE

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Schedule O (Form 990 or 990-EZ) 2020

GREAT UNRAVELING"

Name of the organization METAFOUNDATION **Employer identification number** DBA POST CARBON INSTITUTE 65-1208462 -PUBLICATION OF 34 TOTAL ARTICLES BY PCI STAFF, INCLUDING 3 PLACED IN EXTERNAL MEDIA OUTLETS -PRODUCTION OF 3 WEBINARS, EACH WITH A LARGER AUDIENCE THAN THE PREVIOUS, ABOUT TAKING ACTION IN POLITICS, THE FOOD SYSTEM, AND CLIMATE COMMUNICATION. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: HIGHLIGHTS OF THE UNDERSTANDING PROGRAM AREA IN 2019 INCLUDE: -PRODUCTION OF A GUIDED VERSION OF THE THINK RESILIENCE COURSE WITH WEEKLY WEBINARS IN PARTNERSHIP WITH TRANSITION US -REGISTRATION OF 15 THINK RESILIENCE DISCUSSION GROUPS -141 COMPLETIONS OF THE SELF-DIRECTED COURSE -SUCCESSFUL PILOT OF THE UNCERTAIN FUTURE FORUM WITH TEN ORIGINAL ESSAYS AND FOUR AUTHORS' PERSPECTIVES ON THE QUESTION, "IF COLLAPSE IS IMMINENT, HOW DO WE RESPOND?" FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HIGHLIGHTS OF THE ACTION PROGRAM AREA IN 2019 INCLUDE: -SUCCESSFUL DEVELOPMENT OF A PROCESS FOR ACCEPTING PROPOSALS FOR AND AWARDING MINI-GRANTS. -DISBURSEMENT OF MINI-GRANT FUNDS AND REPORTING ON PROJECT ACCOMPLISHMENTS FORM 990, PART VI, SECTION A, LINE 8B: THE BOARD'S ACTIONS ARE DOCUMENTED AND THE MINUTES ARE APPROVED BY THE BOARD. NO OTHER COMMITTEE ACTS ON BEHALF OF THE BOARD.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization METAFOUNDATION DBA POST CARBON INSTITUTE	Employer identification number 65-1208462
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND PROVIDE	ED TO EACH BOARD
MEMBER FOR THEIR REVIEW PRIOR TO THE FINAL REVIEW AND SIG	GNING BY THE CFO.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOTH BOARD MEMBERS AND STAFF ARE REQUIRED EACH YEAR TO RE	EVIEW THE CONFLICT
OF INTEREST POLICY AND ATTEST THAT THEY ARE IN COMPLIANCE	Ξ
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD CONSIDERS COMPENSATION PAID BY ORGANIZATIONS OF	F A SIMILAR SIZE
AND PURPOSE AND GEOGRAPHIC AREA. THEY MAY ALSO CONSIDER O	COMPENSATION
SURVEYS BY 3RD PARTIES. THE EXECUTIVE DIRECTOR'S COMPENSA	ATION WAS REVIEW IN
ACCORDANCE WITH THIS POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS AND 990 ARE POST	ED ON ITS WEBSITE.
GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST	POLICY, ARE
AVAILABLE IN THE ORGANIZATION'S OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
WEB PROGRAMING AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	15,986.
MANAGEMENT AND GENERAL EXPENSES	568.
FUNDRAISING EXPENSES	204.
TOTAL EXPENSES	16,758.
CONTRACTED PROGRAM SERVICES:	
PROGRAM SERVICE EXPENSES  032212 11-20-20 Sch	152,530. nedule O (Form 990 or 990-EZ) 2020

Name of the organization METAFOUNDATION  DBA POST CARBON INSTITUTE	Employer identification number 65-1208462
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,082.
TOTAL EXPENSES	154,612.
OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	77.
TOTAL EXPENSES	77.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	171,447.
·	