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

(Rev. January 2020) Department of the Treasury Internal Revenue Service ▶ 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. A For the 2019 calendar year, or tax year beginning and ending

Open to Public Inspection

B	Check if applicable	C Name of organization	D Employer identification no	umber			
	Addres	METAFOUNDATION					
	change Name change	DBA POST CARBON INSTITUTE	65-1208462				
F	lnitial return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui					
	Final return/	800 SW WASHINGTON AVE 5	541-566-8700				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	864,083.			
	Ameno	corvallis, or 97333	H(a) Is this a group return				
	Applic tion	F Name and address of principal officer. LILLET CHINDLIN	for subordinates? Yes X No				
	pendir	1 800 SW WASHINGTON AVE, SUITE 5, CORVALLIS,	H(b) Are all subordinates included?	∐Yes			
			27 If "No," attach a list. (see	•			
		e: WWW.POSTCARBON.ORG	H(c) Group exemption numbe				
			ar of formation: 2003 M State of	legal domicile: OR			
Pa		Summary	ON THEMTMIME IESI	כ חנופ			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: POST CARE TRANSITION TO A MORE SUSTAINABLE, RESILIENT,	AND EQUITABLE WOR	RLD.			
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net assets.	_			
ŏ		Number of voting members of the governing body (Part VI, line 1a)		7			
∞ ⊙	4	Number of independent voting members of the governing body (Part VI, line 1b)		7			
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		9			
Ξ		Total number of volunteers (estimate if necessary)		8			
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.			
	b	Net unrelated business taxable income from Form 990-T, line 39		0.			
ne	_			838,791.			
		Contributions and grants (Part VIII, line 1h)	354,079.	0.50,791.			
Revenue		Program service revenue (Part VIII, line 2g)	1,870.	2,074.			
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,766.	23,218.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	396,715.	864,083.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	4,925.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	4,923.			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	562,237.	570,747.			
Ses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses		Total fundraising expenses (Part IX, column (A), line 25) 93,701.	<u>.</u>				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,869.	142,765.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	683,106.	718,437.			
	19	Revenue less expenses. Subtract line 18 from line 12	-286,391.	145,646.			
Net Assets or und Balances			· · · · · · · · · · · · · · · · · · ·	nd of Year			
sets	20	Total assets (Part X, line 16)	709,773.	854,823.			
ASS d B B B B B	21	Total liabilities (Part X, line 26)	22,311.	21,715.			
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	687,462.	833,108.			
Pa	art II	Signature Block					
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and state		ge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.				
		Signature of officer	Data				
Sig	n	•	Date				
Her	e	PHILIP JENSEN, CHIEF FINANCIAL OFFICER Type or print name and title					
			Date Check X P	ΓIN			
Dair	4	Print/Type preparer's name Preparer's signature	1 2 2 2	0037098			
Paid		KRISTEN GOSE, CPA Firm's name → ANDERSON GROUP CPAS, LLC					
		Firm's name ANDERSON GROUP CPAS, LLC Firm's address 2165 NW PROFESSIONAL DR, STE 101	FILLIN SEIN 33-12	222022			
Use Only Firm's address 2165 NW PROFESSIONAL DR, STE 101 CORVALLIS, OR 97330 Phone no.541-75							
Mar	tho I	RS discuss this return with the preparer shown above? (see instructions)		Yes No			
ivia	y ւլյ Ե ՈՐ	io disouss this return with the preparer shown above; (see instructions)					

Pai	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
	prior Form 990 or 990-EZ?
	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 \$ 450,560 • including grants of \$) (Revenue \$) 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 \$ 71,123 • 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.
	0 702
4c	(Code:) (Expenses \$ 9,702. including grants of \$ 4,925.) (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 \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 531,385.
	Form 990 (2019)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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, 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			3,7
	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	44.		$ _{\mathbf{x}}$
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		$ _{\mathbf{x}}$
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza	21	
Б	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. a		
~	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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METAFOUNDATION DBA POST CARBON INSTITUTE

Form 990 (2019)

Part 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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23	-	X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	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		X
ı	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			.,
	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% 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,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
(A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			.,
	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱
	Part V, line 1	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	o If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
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	Х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 The Forms W-2G included in line 1a Enter -0- if not applicable 1b 5			
	Enter the number of Fernio WZa moladed in the fat Enter of the dephiloacide	4		
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
	(aa)aaaaaaaaaaaa-	,		1

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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 9								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	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 O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х					
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 A		5a		Х					
5a	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file.		5b		X					
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		C -		Х					
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							
ь			6b							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD							
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
_	to file Form 8282?	•	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	51.11									
f										
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
а			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b							
10	Section 501(c)(7) organizations. Enter:	1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	11a								
a		11a								
D	Gross income from other sources (Do not net amounts due or paid to other sources against	11h								
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: 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									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.			225						

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.

METAFOUNDATION

	Creck if Schedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
<i>i</i> a		70		Х
	more members of the governing body?	7a		<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			- V
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	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 approval by independent			
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
		15b		Х
D	Other officers or key employees of the organization	IJU		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
	taxable entity during the year?	16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
200	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	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 books and records			
	THE ORGANIZATION - 541-566-8700			
	800 SW WASHINGTON AVE, NO. 5, CORVALLIS, OR 97333			

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)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week	box offic	box, unless person is both an officer and a director/trustee)				h an tee)	compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadı		(W-2/1099-MISC)		organization and related
	organizations below	dual tr	Institutional trustee	ا	Key employee	st con iyee	<u></u>			organizations
	line)	Indivic	Institu	Officer	Кеуег	Highest compensated employee	Former			g
(1) JASON BRADFORD	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) PHILIP JENSEN	1.00								_	_
CHIEF FINANCIAL OFFICER		Х		Х				0.	0.	0.
(3) RICHARD HEINBERG	40.00			l						_
SECRETARY	4 00	Х		Х				79,562.	0.	0.
(4) CHUCK COLLINS	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(5) JONI PRADED	1.00	,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(6) DAVID BLITTERSDORF	1.00	٠,,							0	0
DIRECTOR	40.00	Х						0.	0.	0.
(7) ASHER MILLER	40.00	Х						76,808.	0.	13,044.
EXECUTIVE DIRECTOR (8) VICKI ROBIN	1.00	^						70,000.	0.	13,044.
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		<u> </u>						0.	0.	
										- 000

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)			(D)	(E)			(F)				
	Name and title	Average		not c		more	than		Reportable	Reportable			timate	
		hours per week					is bot or/trus		compensation comper				nount	of
		(list any	rot					Ė	from the	from related organization			other pensa	tion
		hours for	direc				DE .		organization	(W-2/1099-MIS			om the	
		related	stee or	ustee			ensat		(W-2/1099-MISC)	-		org	anizati	ion
		organizations below	Individual trustee or director	Institutional trustee		key employee	Highest compensated employee						d relate	
		line)	divid	stituti	Officer	yemp	ghest	Former				orga	anizatio	ons
		,	트	드	0	<u>\$</u>	王吉	프			-+			
											\rightarrow			
1b	Subtotal								156,370.		0.	1	3,0	44.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	156,370.		0.	1	3,0	<u>44.</u>
2	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	e			0
	componential organization												Yes	No
3	Did the organization list any former officer,	•		•		•		_		•	Γ			
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su			-						the organization				77
_	and related organizations greater than \$15	•										4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr	-				-			-		l	5		Х
Sec	tion B. Independent Contractors	ipiete Scriedur	e	OF SI	JCH	pers	SOIT .					5		
1	Complete this table for your five highest co	= -	-								npensa	ation 1	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vitn	or w	itnir	n the organization's tax	year.		((
	Name and business	address	N	ONE	3				Description of s	ervices	C		nsatio	n
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se lis	stec	d above) who received n	nore than				
	+ · · · · · · · · · · · · · · · · · · ·											Form	990 (2	2019)

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METAFOUNDATION DBA POST CARBON INSTITUTE

Form 990 (2019)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 838,791 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 838,791. h Total. Add lines 1a-1f. **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 2,074. 2,074 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 14,927. 14,927. 11 a APPEARANCE AND OTHER S 900009 8,291. b PUBLISHING ACTIVITY 511199 8,291. С d All other revenue 23,218. e Total. Add lines 11a-11d 864,083. 23,218. 2,074. Total revenue. See instructions 12

932009 01-20-20

METAFOUNDATION DBA POST CARBON INSTITUTE

Form 990 (2019)

Part IX | Statement of Functional Expenses

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

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,925.	4,925.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	160 414	140 450	24 260	2 605
	trustees, and key employees	169,414.	142,459.	24,260.	2,695
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	221 040	222 200	40 774	67 075
7	Other salaries and wages	331,048.	222,399.	40,774.	67,875
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	30,821.	23,759.	2,044.	5,018.
9	Other employee benefits	39,464.	28,750.	5,115.	5,599
10	Payroll taxes	JJ, 404•	20,730.	3,113.	5,599
11	Fees for services (nonemployees):				
a b		4,160.	4,160.	+	
0	LegalAccounting	9,750.	1/1000	9,750.	
q		37.333		3,7,300	
e	D (' 1(1 ' ' ' ' O D ' ' ' ' ' ' ' ' '				
f					
g g	//C! 44				
3	column (A) amount, list line 11g expenses on Sch O.)	67,726.	62,535.	667.	4,524.
12	Advertising and promotion	3,533.	3,533.		
13	Office expenses	6,601.	724.	5,791.	86.
14	Information technology	5,647.	4,449.	607.	591.
15	Royalties				
16	Occupancy	13,626.		1,730.	1,675.
17	Travel	13,975.	9,563.	682.	3,730.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,005.	1,005.		
20	Interest				
21	Payments to affiliates	2 221	2 21 -		
22	Depreciation, depletion, and amortization	2,891.	2,217.	337.	337.
23	Insurance	4,894.	3,656.	633.	605.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	GUDDI TEG	8,957.	7,030.	961.	966
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	718,437.	531,385.	93,351.	93,701.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (0040

Form 990 (2019)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	287,251.	1	318,980.		
	2	Savings and temporary cash investments		165,434.	2	280,995	
	3	Pledges and grants receivable, net			240,042.	3	240,826
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	sons		5		
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			9,956.	9	7,825
	10a	Land, buildings, and equipment: cost or othe		ı			
		basis. Complete Part VI of Schedule D		43,153.			
	b	Less: accumulated depreciation	6,090.	10c	5,197		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir				12	
	13	Investments - program-related. See Part IV, li		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			709,773.	16	854,823
	17	Accounts payable and accrued expenses		22,311.	17	21,715	
	18	Grants payable			18	-	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
s	22	Loans and other payables to any current or f					
<u> 1</u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
ן בֿ	23	Secured mortgages and notes payable to un		_		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Cohodula D		· · ·		25	
	26	Total liabilities. Add lines 17 through 25			22,311.	26	21,715
		Organizations that follow FASB ASC 958, o			, -		,
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.	J.1.0 G.K. 1.10				
anc	27	Net assets without donor restrictions			477,462.	27	418,690
Bal	28	Net assets with donor restrictions			210,000.	28	414,418
ם		Organizations that do not follow FASB ASG			.,		,
고		and complete lines 29 through 33.	5 000, 01				
, o	29	Capital stock or trust principal, or current fun	de			29	
je i	30	Paid-in or capital surplus, or land, building, or				30	
ASS	31	Retained earnings, endowment, accumulated				31	
j j	32	Total net assets or fund balances			687,462.	32	833,108
-	33	Total liabilities and net assets/fund balances			709,773.	33	854,823

METAFOUNDATION DBA POST CARBON INSTITUTE

Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0				
2	Total expenses (must equal Part IX, column (A), line 25)	2		.8,4 .5,6				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68	37,4	62.			
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	83	33,1	08.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				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 the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	:					
	Act and OMB Circular A-133?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **METAFOUNDATION Employer identification number** DBA POST CARBON INSTITUTE 65-1208462 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

ne	organi	zation is not a private found	iation because it is.	(For lines 1 through 12, t	neck only	one box.)		
1	Щ	A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2	Щ	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	_					public described in
		section 170(b)(1)(A)(vi). (C	•		3		g	
8		A community trust describe	• •	(1)(A)(vi). (Complete Par	t II)			
9	\Box	An agricultural research org				ed in coni	inction with a land-grant	college
·		or university or a non-land-				-	-	
		university:	grant college or agric	diture (see instructions)	. Linter tine	marrie, cit	y, and state of the colleg	e oi
	X		II	- +l 00 1 /00/ - f it		4. (1 4.)		
IU	21	An organization that norma						
		activities related to its exen	-					
		income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	-					
11	H	An organization organized a	=	•	•			
12	Ш	An organization organized a	=	· · ·	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). C	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally						zation(s)
		that is not functionally int					• • • • • •	• •
		requirement (see instruct	-		•		•	
е		Check this box if the orga	•	-				
Ū		functionally integrated, or					. 1, po 1, 1, po 11, 1, po 111	
f	Ente	r the number of supported of	* *					
		ide the following information	•	ad organization(s)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)
				above (see instructions))				
							i	i

Schedule A (Form 990 or 990-EZ) 2019 DBA POST CARBON INSTITUTE

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor	here	·····				<u></u> ▶∟_
	ction C. Computation of Publ						
	Public support percentage for 2019 (I					14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2019

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.)

	qualify under the tests listed b	elow, please comp	nete Fart II.)					
Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	708,850.	773,608.	1018021.	354,079.	838,791.	3693349.	
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	F00 0F0		1010001	254 252	000 801	2602240	
	Total. Add lines 1 through 5	708,850.	773,608.	1018021.	354,079.	838,791.	3693349.	
7a	Amounts included on lines 1, 2, and			E00 240	98,518.		600,867.	
h	3 received from disqualified persons Amounts included on lines 2 and 3 received			502,349.	30,310.		000,807.	
, L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year			500 010	00 510		0.	
C	Add lines 7a and 7b			502,349.	98,518.		600,867.	
8	Public support. (Subtract line 7c from line 6.)						3092482.	
Section B. Total Support								
	_							
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	(a) 2015 708,850. 662.	(b) 2016 773,608. 1,223.	(c) 2017 1018021. 1,101.	(d) 2018 354,079. 1,870.	(e) 2019 838,791. 2,074.	(f) Total 3693349. 6,930.	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	708,850.	773,608.	1018021.	354,079.	2,074.	3693349.	
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	708,850.	773,608.	1018021.	354,079.		3693349.	
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	708,850. 662.	1,223.	1,101.	1,870. 1,870.	2,074.	6,930.	
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	708,850.	1,223. 1,223. 774,831.	1,101.	1,870. 1,870. 355,949.	2,074.	6,930. 6,930. 3700279.	
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	708,850. 662. 709,512. The organization's	1,223. 1,223. 774,831. s first, second, third	1,101. 1,101. 1,101.	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 840,865. n 501(c)(3) organiz	6,930. 6,930. 3700279.	
9 10 a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	708,850. 662. 709,512. The organization's	773,608. 1,223. 1,223. 774,831. s first, second, third	1,101. 1,101. 1,101.	1,870. 1,870. 355,949.	2,074. 2,074. 840,865. n 501(c)(3) organiz	6,930. 6,930. 3700279.	
9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here	708,850. 662. 709,512. The organization's	773,608. 1,223. 1,223. 774,831. s first, second, third	1,101. 1,101. 1,101.	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 840,865. n 501(c)(3) organiz	3693349. 6,930. 6,930. 3700279. cation,	
9 10a b 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage for 2019 (less support percentage for 2019 (le	709,512. 709,512. The organization's ic Support Perine 8, column (f), column	1,223. 1,223. 774,831. s first, second, third rcentage livided by line 13, of	1,101. 1,101. 1,101. 1,101. d, fourth, or fifth taccolumn (f))	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 840,865. n 501(c)(3) organiz	3693349. 6,930. 6,930. 3700279. eation, 83.57 %	
9 10a b 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage from 2018	708,850. 662. 709,512. the organization's ic Support Perine 8, column (f), cos Schedule A, Part	773,608. 1,223. 1,223. 774,831. s first, second, third rcentage livided by line 13, d III, line 15	1,101. 1,101. 1,101.	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 840,865. n 501(c)(3) organiz	3693349. 6,930. 6,930. 3700279. cation,	
9 10a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here Etion C. Computation of Publ Public support percentage for 2019 (leading to the process of the support percentage from 2018)	708,850. 662. 709,512. the organization's ic Support Peline 8, column (f), cost schedule A, Part stment Income	1,223. 1,223. 1,223. 774,831. s first, second, third recentage livided by line 13, or lill, line 15 ee Percentage	1,101. 1,101. 1,101. 1019122. d, fourth, or fifth ta	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 840,865. n 501(c)(3) organiz	3693349. 6,930. 6,930. 3700279. tation, 83.57 % 83.26 %	
9 10 a b 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage from 2018	708,850. 662. 662. 709,512. The organization's ic Support Peline 8, column (f), column (f)	773,608. 1,223. 1,223. 774,831. s first, second, third rcentage livided by line 13, dill, line 15 e Percentage nn (f), divided by line	1,101. 1,101. 1,101. 1,101. 1,019122. d, fourth, or fifth taccolumn (f))	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 840,865. n 501(c)(3) organiz	3693349. 6,930. 6,930. 3700279. ation, 83.57 % 83.26 %	
9 10 a b 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Publ Public support percentage for 2019 (I Public support percentage from 2018 ction D. Computation of Investment income percentage from 2018 c	709, 512. 709, 512. 709, 512. The organization's ic Support Peline 8, column (f), colum	1,223. 1,223. 1,223. 774,831. s first, second, third rcentage livided by line 13, or e Percentage nn (f), divided by line Part III, line 17	1,101. 1,101. 1,101. 1,101. 1,101. column (f))	1,870. 1,870. 355,949. ax year as a section	2,074. 2,074. 2,074. 840,865. n 501(c)(3) organiz	3693349. 6,930. 6,930. 3700279. tation, 83.57 % 83.26 % .19 % .17 %	
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Publ Public support percentage for 2019 (I Public support percentage from 2018 extion D. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investine Investment income percentage for 2019 (Investment income percentage for 2019)	709,512. 709,512. the organization's ic Support Perine 8, column (f), column (f), column (f), column (f), column (f) (line 10c, column (f)) (line 10c, column	1,223. 1,223. 1,223. 774,831. s first, second, third rcentage livided by line 13, of the second	1,101. 1,101. 1,101. 1,101. 1,101. 1,101. 1,101. 1,101. 1,101. 1,101. 1,101.	1,870. 1,870. 355,949. ax year as a section 15 is more than 3 upported organizar, and line 16 is more	2,074. 2,074. 2,074. 840,865. n 501(c)(3) organiz 15 16 17 18 3 1/3%, and line 1 tion are than 33 1/3%,	3693349. 6,930. 6,930. 3700279. ation, 83.57 % 83.26 % .19 % .17 is not	

METAFOUNDATION Schedule A (Form 990 or 990-EZ) 2019 DBA POST CARBON INSTITUTE

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 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		
0-		
9с		
10a		
10b		

Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
800	stion C. Type II Supporting Organizations			
360	Control Type in Supporting Organizations		Yes	Na
	Mars a majority of the avacatization's divestors or twistons during the tay year along a majority of the divestors		res	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			
<u> </u>	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) 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 (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		. ==		
	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) 2019 DBA POST CARBON INSTITUTE

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 Recoveries of prior-year distributions 2 2 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 6 maintenance of property held for production of income (see instructions) 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 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .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 85% of line 1. 2 3 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 emergency temporary reduction (see instructions). 6 ☐ 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) 2019

instructions).

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	. ago .
Secti	ion D - Distributions		\	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
-	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DBA POST CARBON INSTITUTE

Part VI	Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19:
i dit 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,
	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

2019

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
PHILIP JENSEN	0.	0.	202,349.	98,518.	0.
DAVID BLITTERSDORF	0.	0.	300,000.	0.	0.
Total to Schedule A, Part III, Line 7a			502,349.	98,518.	

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,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
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		▶ \$

932051 10-02-19

Schedule D (Form 990) 2019

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

METAFOUNDATION DBA POST CARBON INSTITUTE

Schedule D (Form 990) 2019

	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, d	or Othe	er Si	milar As	sets(contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t make s	signifi	cant use of	its	
	collection items (check all that apply):									
а	Public exhibition	d	ı 🔲 ı	_oan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organizati	on's exe	mpt p	urpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similaı	r asse	ets		
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered '	'Yes" on	Form	n 990, Part I	IV, line 9, or	
	reported an amount on Form 990, Pai									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for	contribution	ns or other as	sets not	inclu	ded		
	on Form 990, Part X?							[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amoun	t
С	Beginning balance						🗔	1c		
	Additions during the year							1d		
е	Distributions during the year							1e		
f	Ending balance							1f		
2a	Did the organization include an amount on Fe						∟		Yes	No
	If "Yes," explain the arrangement in Part XIII.		•				•			
Pai										
	·	(a) Current year		rior year	(c) Two year			ree years ba	ck (e) Four	vears back
1a	Beginning of year balance	(a) carrers your	(~).	,	(0)		(-,	, ,	(5)	,
	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				<u> </u>					
	Other expenditures for facilities									
е	·									
	and programs									
	Administrative expenses				1					
g	End of year balance		/!: 1	!						
2	Provide the estimated percentage of the curr	rent year end baland		g, column (a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	and administe	ered for t	he or	ganization	Г	
	by:								2 (1)	Yes No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				·				3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	T T			1), Part X,	, line 1	0.		
	Description of property	(a) Cost or o			t or other			ulated	(d) Boo	k value
		basis (investr	ment)	basis	(other)	der	precia	tion		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			4	3,153.		37	,956.		5,197.
e	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colum	nn (B), line	10c.)			>		5,197.

Schedule D (Form 990) 2019

METAFOUNDAT.					
Schedule D (Form 990) 2019 DBA POST CAI	RBON IN	STITUTE	65	5-1208462	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990,	Part IV, line 1	1b. 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 er	nd-of-year market v	/alue
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other	,				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(F)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
	on Form 000	Dort IV line 1	1a Saa Farm 000 Part V line 12		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book		(c) Method of valuation: Cost or er	nd-of-vear market v	/alue
	(5) 2001	(value	(b) Metriod of Valdation. Cook of cr	ia or year marker v	- uiuo
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
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 1	1d See Form 990 Part X line 15		
	Description	Tarriv, mio i	14. 566 F 6111 666, F 411 A, III 6 F6.	(b) Book va	alue
(1)				(-,	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	 e 15.)		•		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990,	Part IV, line 1	1e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability				(b) Book va	lue
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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... Schedule D (Form 990) 2019

(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		 	964 093
1	Total revenue, gains, and other support per audited financial statements		1	864,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	5			
b	***************************************			
c	1 7 5			
d	,		20	0.
е 3				864,083.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			004,0036
ъ		4a		
b				
C			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			864,083.
	rt XII Reconciliation of Expenses per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	-	•	
1	Total expenses and losses per audited financial statements		1	718,437.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
b				
С	- · · ·			
d				
е			2e	0.
3	Subtract line 2e from line 1			718,437.
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	4-		
u	investment expenses not included on Form 990, Part VIII, line 75	4a		
b				
	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		0.
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18</i>	4b		0. 718,437.
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.)	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.
b c 5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	718,437.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

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

OMB No. 1545-0047

Inspection

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

GREAT UNRAVELING"

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

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

Name of the organization 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.

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	D TO EACH BOARD
MEMBER FOR THEIR REVIEW PRIOR TO THE FINAL REVIEW AND SIG	NING BY THE CFO.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOTH BOARD MEMBERS AND STAFF ARE REQUIRED EACH YEAR TO RE	VIEW THE CONFLICT
OF INTEREST POLICY AND ATTEST THAT THEY ARE IN COMPLIANCE	•
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD CONSIDERS COMPENSATION PAID BY ORGANIZATIONS OF	A SIMILAR SIZE
AND PURPOSE AND GEOGRAPHIC AREA. THEY MAY ALSO CONSIDER C	OMPENSATION
SURVEYS BY 3RD PARTIES. THE EXECUTIVE DIRECTOR'S COMPENSA	TION WAS REVIEW IN
ACCORDANCE WITH THIS POLICY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS AND 990 ARE POSTE	D ON ITS WEBSITE.
GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST P	OLICY, ARE
AVAILABLE IN THE ORGANIZATION'S OFFICE.	