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Form 8879-EO	IRS e-file Signature Autho	orization	OMB No. 1545-1878
Form 00/9-EU	for an Exempt Organiz For calendar year 2019, or fiscal year beginning , 2019, and e		0040
	► Do not send to the IRS. Keep for you		2019
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the lat		
Name of exempt organization		Employer	identification number
RODALE INSTIT	UTE	23-7	206884
Name and title of officer			
JEFF MOYER EXECUTIVE DIR			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applic a, below, and the amount on that line for the return being filed wit ank (do not enter -0-). But, if you entered -0- on the return, then er	h this form was blank, then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, colum	n (A), line 12) 1b	7,761,183.
2a Form 990-EZ check he			
3a Form 1120-POL check	here 🕨 🔲 b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)		
Part II Declarat	ion and Signature Authorization of Officer		
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	I institution account indicated in the tax preparation software for p stitution to debit the entry to this account. To revoke a payment, I an 2 business days prior to the payment (settlement) date. I also ic payment of taxes to receive confidential information necessary a personal identification number (PIN) as my signature for the orga electronic funds withdrawal.	I must contact the U.S. Treasury authorize the financial institutions to answer inquiries and resolve is	Financial Agent at s involved in the ssues related to the
		to output	NY PIN 19530
X I authorize BB	ERO firm name	to enter n	Enter five numbers, but
			do not enter all zeros
is being filed wit	on the organization's tax year 2019 electronically filed return. If I h a state agency(ies) regulating charities as part of the IRS Fed/St the return's disclosure consent screen.		
indicated within	the organization, I will enter my PIN as my signature on the organi this return that a copy of the return is being filed with a state age nter my PIN on the return's disclosure consent screen.		
Officer's signature	affan Ren -	Date ▶	120
and a state of the	tion and Authentication		
ERO's EFIN/PIN. Enter yo	our six-digit effectronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN.	23572919102 Do not enter all zeros*	
	neric entry is my PIN, which is my signature on the 2019 electron ng this return in accordance with the requirements of Pub. 4163 , I ss Returns.		
ERO's signature 🕨		Date ►	
	EDO Must Datain This Form Soal	notructions	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19

3703___1

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2019

Prepared for	
	RODALE INSTITUTE 611 SIEGFRIEDALE ROAD KUTZTOWN, PA 19530
Prepared by	BBD, LLP 1835 MARKET STREET, 3RD FLOOR PHILADELPHIA, PA 19103
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020.

Form	887	'9-	E	0
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IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury

For calendar year 2019, or fiscal year beginning , 2019, and ending

> Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

2019

Internal Revenue Service Name of exempt organization

Employer identification number

23-7206884

20

RODALE INSTITUTE

Name and title of officer JEFF MOYER EXECUTIVE DIRECTOR

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	7,761,183.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize BBD, LLP	to enter my PIN 19530
ERO firm name	Enter five numbers, but do not enter all zeros
	iled return. If I have indicated within this return that a copy of the return the IRS Fed/State program, I also authorize the aforementioned ERO to
	e on the organization's tax year 2019 electronically filed return. If I have ith a state agency(ies) regulating charities as part of the IRS Fed/State een.
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	23572919102 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the confirm that I am submitting this return in accordance with the requirements <i>e-file</i> Providers for Business Returns.	, , , , , , , , , , , , , , , , , , , ,
ERO's signature 🕨	Date
ERO Must Retain This Fo	
Do Not Submit This Form to the I	RS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2019)
923051 10-03-19	

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

PUBLIC DISCLOSURE COPY

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

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

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



18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,113,890. 6,017,177. 19 Revenue less expenses. Subtract line 18 from line 12 7,212,921. 1,744,006. beginning of Current Year End of Year 20 Total assets (Part X, line 16) 28,836,323. 33,604,191.	AF	or the	2019 calendar year, or tax year beginning and	ending				
Image Instance NUMBER INSTITUTE Dering buildings as 23-7206884 Image Instance 23-7206884 Image Instance Second Secon	B c a	heck if pplicable	C Name of organization		D Employer identifie	cation number		
Image: State of the state of the state of the state address in the state of the state state of the state of the state of the stat		_change	RODALE INSTITUTE					
Image: State of the state state of the state state of the state of the state of the state		Name	Doing business as		23-72068	84		
Status City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 16,304,282. Impendent KUTZTOWN, PA 19530 H(a) Is this a group return Impendent SAME AS C ABOVE H(b) Are all subordinates? Yes XIN I Tax-exempt status: X 501(c)(3) 501(c)(.) < (insert no.)		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
Answinded Definition KÚTZTOWN, PA 19530 H(a) Is this a group return for subordinates? Yes X No SAME AS C ABOVE H(a) Is this a group return for subordinates? Yes X No I Taxeexempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: WWW.RODALEINSTITUTE.ORG H(c) Group exemption number ► K form of organization: X corporation Trust Association Other ► L Year of tormation: 1947 M State of legal domicile: PA Part.I Summary I Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE AND THE PLANET THROUGH ORGANIC LEADERSHIP. 2 Check this box ► If the organization discontinue its operations or disposed of more than 25% of its net assets. 3 Number of indipendent voting members of the governing body (Part VI, line 1a) Immediates inclusions Immediates inclusions 4 Number of individuals employed in calendar year 2019 (Part VI, line 2a) 5 89 9 6 Total number of volunteers (estimate if necesary) The 39 Prior Year 2 7 a Total number of volunteers (estimate if necesary) 10, 453, 948. 6, 621, 554. 19 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 70)					610-683-			
Impediation Impediation FA mark and address of principal officer/JEFF MOYER Fame and address of principal officer/JEFF MOYER I maxexempt status: Impediation SAME AS C ABOVE Fame and address of principal officer/JEFF MOYER J website: WWW.RODALEINSTITUTE.ORG H(b) Are all sub-ordinates? Yes No K form of organization: Impediation: Imp		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,304,282.		
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17 Other expenses (Part IX, column (A), lines 11a, 116, 117-24e) 2,434,976 2,779,007 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,113,890 6,017,177 19 Revenue less expenses. Subtract line 18 from line 12 7,212,921 1,744,006 5% End of Year	be			49.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,113,890. 6,017,177. 19 Revenue less expenses. Subtract line 18 from line 12 7,212,921. 1,744,006. 5% Beginning of Current Year End of Year	ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,779,007.		
Beginning of Current Year End of Year					5,113,890.	6,017,177.		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 28,836,323. 33,604,191. 21 Total liabilities (Part X, line 26) 597,682. 668,369. 22 Net assets or fund balances. Subtract line 21 from line 20 28,238,641. 32,935,822.					7,212,921.	1,744,006.		
20 Total assets (Part X, line 16) 28,836,323. 33,604,191. 21 Total liabilities (Part X, line 26) 597,682. 668,369. 22 Net assets or fund balances. Subtract line 21 from line 20 28,238,641. 32,935,822.	s or ces			Ве				
21 Total liabilities (Part X, line 26) 597,682. 668,369. 22 Net assets or fund balances. Subtract line 21 from line 20 28,238,641. 32,935,822.	sets alan	20	Total assets (Part X, line 16)					
28,238,641. 32,935,822.	t As id Bi	21	Total liabilities (Part X, line 26)			668,369.		
	Fun	22	Net assets or fund balances. Subtract line 21 from line 20		28,238,641.	32,935,822.		

Part II Signature Block

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

Sign Here	Signature of officer JEFF MOYER, EXECUTIVE Type or print name and title	DIRECTOR	Date		
Paid Preparer	Print/Type preparer's name JENNIFER SOLOT Firm's name BBD , LLP	Preparer's signature blat. CPA	Date Check PTIN 6/17/20 if self-employed P00749373 Firm's EIN ▶ 23-2896692		
Use Only	Firm's address 1835 MARKET STR: PHILADELPHIA, P.		Phone no.215-567-7770		
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)					

orm	990 (2019) RODALE INSTITUTE	23-7206884 _F	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	RODALE INSTITUTE IS A 501(C)(3) NONPROFIT DEDICATE	D TO ADVANCING	
	REGENERATIVE ORGANIC AGRICULTURE THROUGH RESEARCH,	EDUCATION AND	
	OUTREACH. FOR OVER SEVENTY YEARS, RODALE INSTITUTE	HAS BEEN	
	RESEARCHING BEST PRACTICES [CONT. ON SCHED. 0.]		
2	Did the organization undertake any significant program services during the year which were not listed	 d on the	
-	prior Form 990 or 990-EZ?		X
	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?	X
3			
4	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	ons to others, the total expenses, and	a
	revenue, if any, for each program service reported.	242 0	
4a	(Code:) (Expenses \$ 3,992,354. including grants of \$) (Revenue \$243,04	±)
	STRATEGIC SOLUTIONS TEAM (SST)		
	(1) RESEARCH: RODALE INSTITUTE'S RESEARCH FOCUSES		
	AREAS: GROWING ORGANIC AGRICULTURE, MITIGATING AND		L.F
	CHANGE, AND SOLVING FOOD INSECURITY BY GROWING NUT		
	THERE ARE CURRENTLY MORE THAN 20 RESEARCH PROJECTS		JR
	333-ACRE EXPERIMENTAL FARM IN KUTZTOWN, PA. AREAS		
	ORGANIC SOIL IMPROVEMENT AND FERTILITY, CROP NUTRI		
	MANAGEMENT, NO-TILL PRODUCTION, COVER CROPS, CROP-		
	INTEGRATION, AND WATER QUALITY. INDIVIDUAL PROJECT		
	INVESTIGATIONS OF SOIL CARBON ACCRUAL, PRODUCTION		
	MYCORRHIZAL INOCULUM, NUTRIENT MANAGEMENT IN ORGAN	-	
	IMPROVED TECHNIQUES FOR COMPOST MANAGEMENT [CONT.	ON SCHED. O.]	
4b	(Code:) (Expenses \$ 805, 328 • including grants of \$) (Revenue \$	
	COMMUNICATIONS		
	(1) OUTREACH AND EDUCATION: OUR RESEARCH FINDINGS		
	FARMERS, EXTENSION AGENTS, STUDENTS, POLICY MAKERS		
	THROUGH ONLINE MATERIALS, CONFERENCES, WORKSHOPS,	-	RS
	AND SYMPOSIUMS. WE OFFER WEBINARS, VIDEOS, SOCIAL		
	NEWSLETTER UPDATES, AND OTHER RESOURCES THROUGH OU		
	RODALEINSTITUTE.ORG, WHICH SEES APPROXIMATELY 500,	000 UNIQUE VISITORS	S
	PER YEAR.		
	(2) ADVOCACY: THROUGH OUR SPONSORSHIP OF THE ORGAN	IC FARMERS	
	ASSOCIATION, A NATIONAL MEMBERSHIP BODY OF CERTIFI	ED ORGANIC PRODUCE	RS
	IN THE UNITED STATES, [CONT. ON SCHED. 0]		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		-	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,797,682.	,,	
		Form 990) (2
32002	2 01-20-20 SEE SCHEDULE O FOR CONTINUA		(
-	2		
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Form	990	(2019)

Form 990 (2019) RODALE INSTITUTE
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)?		x	
•	If "Yes," complete Schedule A	1	X	<u> </u>
2 3	Did the organization required to complete <i>Schedule B, Schedule O Contributors</i> ?	2	- 11	<u> </u>
3	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	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
932003	3 01-20-20	Form	990	(2019)

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 Form 990 (2019)
 RODALE
 INSTITUTE

 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 42			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2019)
Part V	Sta

019) RODALE INSTITUTE 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 89											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х									
b	If "Yes," enter the name of the foreign country SENEGAL											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X								
b												
С	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 organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b		L								
7	Organizations that may receive deductible contributions under section 170(c).		37									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x								
	to file Form 8282?	7c										
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x								
	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization during the year pay premiume directly or indirectly on a personal benefit contract? 											
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	N/	X A								
g h	If the organization received a contribution of qualified intellectual property, did the organization file of one observation of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	N/									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	,	<u> </u>								
Ū	sponsoring organization have excess business holdings at any time during the year? N/A	8										
9	Sponsoring organizations maintaining donor advised funds.	-										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter:											
а	Gross income from members or shareholders N/A											
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
	amounts due or received from them.)											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a										
h	Note: See the instructions for additional information the organization must report on Schedule O.											
U	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											
c	Enter the amount of reserves on hand 130											
	Did the summing the term of te	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u></u>								
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		x								
	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 income?	16		х								
	If "Yes," complete Form 4720, Schedule O.											

Form **990** (2019)

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Form 990 (2	2019)
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RODALE INSTITUTE

X

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

	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>				X
Sec	tion A. Governing Body and Management							
							Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1	a		10			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1	b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip w	ith any o	ther				
	officer, director, trustee, or key employee?	-	-			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the				····· [
	of officers, directors, trustees, or key employees to a management company or other person?					3		2
4	Did the organization make any significant changes to its governing documents since the prior Form					4		
5	Did the organization become aware during the year of a significant diversion of the organization's as					5		
6	Did the organization have members or stockholders?					6		
_	Did the organization have members of stockholders, or other persons who had the power to elect or a				····· -	0		-
7a						70		2
	more members of the governing body?				·····	7a		Ľ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			-				,
_	persons other than the governing body?				····· -	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-		-			37	
а	The governing body?					8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ache	ed at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>		9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reve	nue Cod	e.)				_
					_		Yes	r
l0a	Did the organization have local chapters, branches, or affiliates?				L	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chap	ters, affil	iates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?					10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo					11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		0				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				- 1	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris					12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				····· -			
U	in Schedule O how this was done					12c	Х	
13	Did the organization have a written whistleblower policy?					13	X	\vdash
						14	X	┝
14	Did the organization have a written document retention and destruction policy?				····· -	14	21	
15	Did the process for determining compensation of the following persons include a review and approv		y indepe	ndent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'						v	
	The organization's CEO, Executive Director, or top management official					15a	Х	
b	Other officers or key employees of the organization				·····	15b		2
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emer	it with a					
	taxable entity during the year?				L	16a		2
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate it	s partici	pation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	aniza	ition's					
	exempt status with respect to such arrangements?					16b		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a		990-T (Se	ection 50 [.]	1(c)(3)s	only) avai	ab
	for public inspection. Indicate how you made these available. Check all that apply.		(. (-/(-/-	,	,	
	Own website Another's website X Upon request Other <i>(explain</i>)	n on	Schedu	e ())				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			,	hae vo	finar	ncial	
				a cor poile	,y, anu	ma	icial	
20	statements available to the public during the tax year.	ocl-	on el	ard- 🕨				
20	State the name, address, and telephone number of the person who possesses the organization's be EXECUTED FORM $- 610 - 683 - 1400$	OOKS	and rec	oras 🟲 _				
	EXECUTIVE DIRECTOR - 610-683-1400							
	611 SIEGFRIEDALE ROAD, KUTZTOWN, PA 19530						000	<i></i>
200	5 01-20-20					Form	990	(20
1 A						~ -		
Τ0	617 793760 3703 2019.03053 RODALE INSTITU	rΤΕ				370	13	

Part VII	Compensation of Officers,	Directors , Trustee	es, Key Employe	es, Highest	Compensated
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL MCGINLEY	1.00	x		x				0.	0.	0.
CO-CHAIRMAN (2) MAYA RODALE	1.00	<u>^</u>		<u> </u>				0.	0.	0.
CO-CHAIRMAN	1.00	x		x				0.	0.	0.
(3) ROBERTA LANG	1.00							0.	0.	0.
CO-CHAIRMAN	1.00	x		x				0.	0.	0.
(4) CORBY KUMMER	1.00									
DIRECTOR		x						0.	0.	0.
(5) ERIK OBERHOLTZER	1.00									
DIRECTOR		x						0.	Ο.	0.
(6) GRANT LUNDBERG	1.00									
DIRECTOR		X						0.	0.	0.
(7) LOREN L. SPEZIALE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARIA RODALE	1.00									
DIRECTOR		х						0.	0.	0.
(9) PETER SHERMAN	1.00									•
DIRECTOR	40.00	X						0.	0.	0.
(10) JEFF MOYER	40.00			37				150 040	0	10 201
EXECUTIVE DIRECTOR	40.00	X		X				152,942.	0.	19,321.
(11) JEFF TKACH CHIEF GROWTH OFFICER	40.00					x		134,927.	0.	18,234.
(12) ELAINE MACBETH	40.00	-		-				134,927.	0.	10,254.
CHIEF FINANCIAL OFFICER	40.00					x		106,122.	0.	19,409.
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C			,			
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition ^{more} rson	than is bot or/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e ion ed
1h	Subtotal								393,991.		0.	5	6.9	64.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.		<u>6,9</u>	0.
2	Total number of individuals (including but no compensation from the organization							io r	received more than \$100	,000 of reportab	le			3
3	Did the organization list any former officer,	,	,	,	•	,	,			5			Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	l ot		the organization		3	x	X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	3	5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated in	dene	onde	ent c	onti	racto	nrs 1	that received more than	\$100.000 of cor	mnens	ation f	rom	
	the organization. Report compensation for								n the organization's tax					
STI	(A) Name and business ROUD WATER RESEARCH CEN								(B) Description of s	ervices	с	(C ompe		n
	SPENCER ROAD, AVONDAI		L93	311	<u> </u>				WATER RESEAR	CH SVCS		40	1,5	51.
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis 1	stec	d above) who received m	nore than		Form	000 /	2019)
												I UIIII	JJJ (,	∠ບເອ)

						1	e in this Part VIII … (A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exclud
								function revenue	business revenue	from tax unde sections 512 - 5
0	4 -			40						36010113 312 - 0
		Federated campaigns								
		Membership dues				84,020.				
5		Fundraising events				04,020.				
		Government grants (conti				1,381,007.				
5		All other contributions, gifts,		· –		1,301,007.				
D	•	similar amounts not included				5,156,527.				
5	n	Noncash contributions included in			\$	77,331.				
	-	Total. Add lines 1a-1f					6,621,554.			
-						Business Code	, , -			
	2 a									
	b									
	c									
	d									
anuavan	е									
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f								
	3 Investment income (including dividends, interest, and									
		other similar amounts)				▶	472,427.			472,4
	4	Income from investment of								
	5	Royalties	. <u></u>			►				
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	61,	711.					
	b	Less: rental expenses	6b		0.					
	с	Rental income or (loss)	6c	61,	711.					
	d	Net rental income or (loss)			►	61,711.			61,7
		Gross amount from sales of		(i) Secur	ties	(ii) Other				
		assets other than inventory	7a	8,744,	712.					
	b	Less: cost or other basis								
		and sales expenses	7b	8,481,						
	С	Gain or (loss)	7c	262,						
		Net gain or (loss)			····	🕨	262,734.			262,7
	8 a	Gross income from fundraisi								
		including \$								
		contributions reported on				0.050				
		Part IV, line 18				9,370.				
		Less: direct expenses			8b	23,167.	-13,797.			12 7
		Net income or (loss) from		-		····· P	-13,797.			-13,7
	9 a	Gross income from gamin								
	h	Part IV, line 19 Less: direct expenses				<u> </u>				
		Net income or (loss) from								
.		Gross sales of inventory,								
	.v a	and allowances			10a	280,999.				
	h	Less: cost of goods sold			10a					
		Net income or (loss) from					243,045.	243,045.		
+	<u> </u>		54100			Business Code				
	11 a	OTHER INCOME				900099	113,509.			113,5
Hevenue	b						,			/
eve	c									
ŕ	-	All other revenue								
		Total. Add lines 11a-11d				▶	113,509.			
	-						,			

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RODALE INSTITUTE

Form 990 (2019) RODALE
Part VIII Statement of Revenue

RODALE INSTITUTE

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	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				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	172,263.	125,609.	25,027.	21,627
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,455,608.	1,792,282.	357,477.	305,849
8	Pension plan accruals and contributions (include	68,834.	49,978.	9,911.	8,945
~	section 401(k) and 403(b) employer contributions)	355,475.	258,204.	51,224.	46,047
9	Other employee benefits	185,990.	135,111.	26,807.	24,072
10	Payroll taxes	105,990.	100,111.	20,007.	24,072
11 a	Fees for services (nonemployees): Management				
b	Legal				
	Accounting	60.000	<u> </u>		
	Lobbying	60,000.	60,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	454,334.	379,908.	58,289.	16,137
12	Advertising and promotion				
13	Office expenses	510,664.	407,232.	44,508.	58,924
14	Information technology				
15	Royalties			11.005	
16	Occupancy	125,271.	111,036.	14,235.	
17	Travel	196,687.	159,226.	5,149.	32,312
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	108,945.	107,613.	1,332.	
23	Insurance				
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		689,674.	689,674.		10 000
b	EQUIP RENTAL/MAINT	242,693.	185,754.	38,862.	18,077
С	OTHER	221,337.	184,153.	23,168.	14,016
d e	TESTING AND MEASUREMENT	115,263. 54,139.	108,098. 43,804.	7,165. 2,192.	8,143
25 25	Total functional expenses. Add lines 1 through 24e	6,017,177.	4,797,682.	665,346.	554,149
26	Joint costs. Complete this line only if the organization	. ,			• -

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28,836,323. Total liabilities and net assets/fund balances ...

RODALE INSTITUTE

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

(A) (B) Beginning of year End of year 131,150. 1,266,870. Cash - non-interest-bearing 1 1 2,174,588. 417,624. 2 2 Savings and temporary cash investments 1,934,662. 2,437,016. Pledges and grants receivable, net 3 3 82,504. 122,816. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Assets 7 31,086. 23,930. 8 8 Inventories for sale or use 31,899. 13,394. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 6,313,675. basis. Complete Part VI of Schedule D 10a 1,621,016. 4,776,601. 4,692,659. b Less: accumulated depreciation 10b 10c 19,182,355. 24,060,279. Investments - publicly traded securities 11 11 491,478. 569,603. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 28,836,323. 33,604,191. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 444,747. 639,480. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 114,477. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 38,458. 28,889. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 597,682. 668,369. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 14,104,970. 16,065,255. Net assets without donor restrictions 27 27 14,133,671. 16,870,567. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 28,238,641. 32,935,822. Total net assets or fund balances 32 32 33,604,191. 33 33

23-7206884 Page 11

Form 990 (2019)

Part X Balance Sheet

3703 1

	990 (2019) RODALE INSTITUTE	23-72	206884	Paç	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,01		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,74		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,23		
5	Net unrealized gains (losses) on investments	5	2,87	5,0	50.
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	73	8,1	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	32,93	5,8	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public Inspection
tal and the second second second second

		ent of the Treasury Revenue ServiceAttach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public Inspection												
Nam	ne of t	he organizati			— —					identification n				
Da	rt I	Beacon		LE INSTITU Charity Status ('T'E All organizations must co		in part) Cr			3-720688	4			
								e instruction	15.					
1 ne	organ		•		(For lines 1 through 12, c on of churches describe		•	()(A)(;)						
	H						• • •	I)(A)(I).						
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)												
3 ⊿														
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's na													
5		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)												
6		 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 												
	X				intial part of its support 1				the general	public described	1 in			
•				omplete Part II.)		ionia gov	onninontai		ano gonora					
8		-			(1)(A)(vi). (Complete Par	t II.)								
9					in section 170(b)(1)(A)(ed in coniu	nction with a	a land-orant	colleae				
					culture (see instructions).									
		university:		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		· .	, ,						
10		An organizati	on that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	nd gross receipt	s from			
					ct to certain exceptions,									
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 19	975.			
		See section	509(a)(2). (Co	mplete Part III.)										
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4) .						
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one	e or			
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in				
		lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	nd 12g.					
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	y giving				
			-		gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting				
		organizatio	n. You must c	complete Part IV, Se	ections A and B.									
b				-	d or controlled in connec			-		-				
			•		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported				
				t complete Part IV,										
с			-		g organization operated				ally integrate	ed with,				
			•	.,	6). You must complete l									
d		••	-		oorting organization oper				•	. ,				
					zation generally must sa				id an attent	iveness				
		- ·	•	,	nplete Part IV, Sections written determination fro									
е			•		mally integrated support			атурет, туре	еп, туре п					
f	Ente	,	0,			0 0	zation.							
				n about the supporte										
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount c	of monetary	(vi) Amount of a	other			
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instru	uctions)			
Tota	ıl													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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Schedule A (Form 990 or 990-EZ) 2019 RODALE INSTITUTE

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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.")	2272089.	1794743.	2777356.	4187388.	6621554.	17653130.
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	2272089.	1794743.	2777356.	4187388.	6621554.	17653130.
	The portion of total contributions						
Ŭ	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,						
	a a lu una a (f)						3921898.
6	Public support. Subtract line 5 from line 4.						13731232.
	ction B. Total Support						19/912921
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(e) 2019	
		(a) 2015 2272089.	(b) 2016 1794743.	2777356.	(d) 2018 4187388.		(f) Total 17653130.
	Amounts from line 4	2272005.	1/94/49.	2111350.	4107500.	0021334.	170331301
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	301 649	277,027.	220 207	523,414.	534,138.	1866625.
~	and income from similar sources	JU1,049.	211,021.	230,391.	525,414.	554,150.	1000023.
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	161 765	145 240	198,777.		112 500	695,099.
	assets (Explain in Part VI.)	151,755.	145,249.	190,111.	05,009.		20214854.
	Total support. Add lines 7 through 10						,037,425.
12	Gross receipts from related activities,						,037,423.
13	First five years. If the Form 990 is for						. —
800	organization, check this box and stor ction C. Computation of Publ	here	roontago				>
							67 02 0
	Public support percentage for 2019 (14	67.93 %
	Public support percentage from 2018					15	64.86 %
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2018. If the o	-					his box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	ıs ►
					0.1.	dulo A (Earm 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990 EZ) 2019 RODALE INSTITUTE

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	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 regulated expression						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	ale and the factor and all all and the second				2		
Se	ction C. Computation of Publ						
	Public support percentage for 2019 (column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Invest					• •	
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from 2			, (,,		18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19			,, ccon c		edule A (Form 990	
				15	001		

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Yes No

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 disgualified 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.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

			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		
Sec	tion C. Type II Supporting Organizations			
-	······································		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vee	Na
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	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	0h		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 9		90-EZ)	2019
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Schedule A (Form 990 or 990 EZ) 2019 RODALE INSTITUTE

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	e	
	(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			
Sect	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			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	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			
C	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:			
-	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 RODALE INSTITUTE

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INT INC - DISQ F	PERSON		
2015 AMOUNT: \$	72,142.		
2016 AMOUNT: \$	73,668.		
2017 AMOUNT: \$	71,196.		
OTHER REVENUES			
2015 AMOUNT: \$	79,613.		
2016 AMOUNT: \$	71,581.		
2017 AMOUNT: \$	127,581.		
2018 AMOUNT: \$	85,809.		
2019 AMOUNT: \$	113,509.		
932028 09-25-19		20	Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

23	-7	20	68	84
25		20	00	0 -

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

RODALE INSTITUTE

23-7206884

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>			
2		\$134,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,027,237.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$943,323.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	- 19	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

RODALE INSTITUTE

23-7206884

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$228,045.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$335,737.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$927,768.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-00		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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Schedule B (Form 990,	990-EZ, or 990-PF)	(2019)
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Name of organization

Employer identification number

Page 3

RODALE INSTITUTE

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23 - 7206884

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

2019.03053 RODALE INSTITUTE

	INSTITUTE			-	7206884	
art III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line e	ntry For organ	izations	nore than \$1,000 for	
	completing Part III, enter the total of exclusively religious, o	haritable, etc., contributions of \$1,000 c	r less for the ye	ar. (Enter this info. once.) S		
	Use duplicate copies of Part III if additional	space is needed.	I			
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held	
Part I					5	
— I			-			
		(e) Transfer of g	ift			
	Transferee's name, address, an	nd ZIP + 4	Relat	onship of transferor to	transferee	
		[
a) No.		I				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held	
		(a) Transfer of a				
		(e) Transfer of g	π			
	Transferee's name, address, an	nd ZIP + 4	Relat	onship of transferor to	transferee	
	,,					
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held	
Part I						
			-			
L						
		(e) Transfer of g	of gift			
	Transferee's name, address, ar		Delet	anahin of transforms to	tuonofouoo	
F			neial	onship of transferor to	u ansieree	
			I			
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of	how gift is held	
Part I		., -			-	
			_			
—						
	1	(e) Transfer of g	ift			
\vdash	Transferee's name, address, an	nd ZIP + 4	Relat	onship of transferor to	transferee	
		I				

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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OMB No. 1545-0047

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If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

inar	ne or orga	RODALE	INSTITUTE			23-7206884
Pa	art I-A	Complete if the ore	ganization is exempt unde	r section 501(c) o	or is a section 527	organization.
2	Political	campaign activity expendit	zation's direct and indirect political tures ign activities		►	\$
	art I-B		ganization is exempt unde			
1	Enter the	amount of any excise tax	incurred by the organization unde	r section 4955		\$
2	Enter the	amount of any excise tax	incurred by organization manager	s under section 4955	>	\$
			on 4955 tax, did it file Form 4720 fo			
						Yes II No
-	b If "Yes," art I-C	describe in Part IV.	ganization is exempt unde	r section 501(c)	excent section 501	(c)(3)
			d by the filing organization for sect			\$
2		• •	nization's funds contributed to othe	-		Φ
2		00		0		\$
3			s. Add lines 1 and 2. Enter here an		······	Ψ
-		• •			►	\$
4	Did the fi	ling organization file Form	1120-POL for this year?			Yes No
5			mployer identification number (EIN)			
	•	, ,	tion listed, enter the amount paid			•
			omptly and directly delivered to a		, I	rate segregated fund or a
	political		additional space is needed, provic	le information in Part I	1	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019	RODALE	INSTITUTE
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	· · · · · · · · · · · · · · · · · · ·					
Par	t II-A Complete if the org section 501(h)).	anization is exer	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
A Ch	eck 🕨 🛄 if the filing organiza	tion belongs to an affi	liated group (and list ir	Part IV each affiliated	I group member's nam	e, address, EIN,
	expenses, and shar	re of excess lobbying	expenditures).			
B Ch	eck 🕨 🔲 if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amou	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (grassroots lobbving)		60,000.	
	Total lobbying expenditures to influ					
	Total lobbying expenditures (add li	° °			60,000.	
	Other exempt purpose expenditure				5,463,028.	
	Total exempt purpose expenditure				5,523,028.	
	Lobbying nontaxable amount. Ente				426,151.	
Г	If the amount on line 1e, column (a) o		bying nontaxable am			
F	Not over \$500,000		the amount on line 1e.			
ſ	Over \$500,000 but not over \$1,000	D,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
- F	Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc	ess over \$1,000,000.		
ſ	Over \$1,500,000 but not over \$17,		0 plus 5% of the exce			
Γ	Over \$17,000,000	\$1,000,0	000.			
-						
g	Grassroots nontaxable amount (er	iter 25% of line 1f)			106,538.	
h	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j	If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720		
	reporting section 4911 tax for this					Yes No
	(Some organizations the second s	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for lin	have to complete all	of the five columns b	elow.
		Lobbying Exper	nditures During 4-Yea	r Averaging Period		
	Colondar year					

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount		335,801.	382,649.	426,151.	1,144,601.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,716,902.
c Total lobbying expenditures		6,000.	60,280.	60,000.	126,280.
d Grassroots nontaxable amount		83,950.	95,662.	106,538.	286,150.
e Grassroots ceiling amount (150% of line 2d, column (e))					429,225.
f Grassroots lobbying expenditures		6,000.	60,280.	60,000.	126,280.

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 RODALE INSTITUTE

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
	501(c)(6).		-		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1	ļ	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE D

Department of the Treasury

(Form 9	90)
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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.



No

No

No

No

23-7206884

Yes

Yes

Held at the End of the Tax Year

_ Yes

Yes

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number RODALE INSTITUTE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure d listed in the National Register 2d З Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

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LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	orovi	de
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	provide the following amounts relating to these items:		

	29	
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Sche	dule D (Form 990) 2019 RODALE	INSTITUTE				<u>23-72</u>	06884	4 Page
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	ther Simil	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that ma	ke significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how thev further t	he organization's	exempt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	
Pa	rt IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		······································			.,,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets	not included			
	on Form 990, Part X?						Yes	
h	If "Yes," explain the arrangement in Part XIII					······	100	
5			iowing table.				Amount	
~	Reginning balance				1c		Anount	
	Beginning balance Additions during the year							
e f	Distributions during the year Ending balance				1e 1f			
	Did the organization include an amount on F						Yes	
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	······	1163	
	rt V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years bac	1	ears hack	(a) Four	vears hack
1a	Beginning of year balance	9,852,750.	6,132,541.	5,570,98		87,885.		903,922
		5,052,750.	4,546,560.				<u> </u>	505,522
b	Contributions	1,668,307.	-368,691.	840,76	9 7	359,046.	-	-122,324
ט ה	Net investment earnings, gains, and losses	1,000,507.	500,051.	040,70	<u>,</u>	55,040.		122,524
	Grants or scholarships						 	
е	Other expenditures for facilities	520 00 <i>C</i>	457 660	270 21	2 2	75 047		202 712
	and programs	538,886.	457,660.	279,21	2. 2	275,947.		293,713
Ť	Administrative expenses	10 000 171	0 050 750	C 120 F4	1	70 004	<u> </u>	407 005
g	End of year balance	10,982,171.	9,852,750.		1. 5,5	570,984.	⁵ ,	,487,885
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as:				
a	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 6.49 Term endowment ► 93.51	%						
С	· · · · · · · · · · · · · · · · · · ·	-						
_	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered f	or the organi	zation	г	
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or of		•	Accumulate		(d) Book	value
		basis (investr	'	. ,	depreciation		1 20	1 700
	Land		4,32	4,726.			4,324	4,726
	Buildings							
с	Leasehold improvements			4,421.	32,8			1,578
d	Equipment		1,95	4,528. 1	.,588,1	/3.	366	6,355
	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				2,659
						Schedule	D (Form	n 990) 201

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.		-	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(-)	(-,	····
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Tht. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 RODALE INSTITUTE				7206884 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements Wit	h Revenue per R	eturı	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	10,842,918.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,875,050.		
b	Donated services and use of facilities	2b	67,439.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	139,246.		
е	Add lines 2a through 2d			2e	3,081,735.
3	Subtract line 2e from line 1			3	7,761,183.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	7,761,183.		
Ě				-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements W		-	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements W 12a.	ith Expenses per	-	irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements W 12a.	ith Expenses per	-	
	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements W 12a.	ith Expenses per	Retu	irn.
1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements W 12a.	ith Expenses per	Retu	irn.
1 2	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. 12a. 2a	ith Expenses per	Retu	irn.
1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tements W 12a. 2a 2b	ith Expenses per 67,439.	Retu	irn.
1 2 a b	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a	ith Expenses per	Retu	ırn. 6,145,737.
1 2 a b	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	67,439. 61,121.	Retu	ırn. 6,145,737. 128,560.
1 2 a b	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	67,439. 61,121.	1	ırn. 6,145,737.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	67,439. 61,121.	1 2e	ırn. 6,145,737. 128,560.
1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	67,439. 61,121.	1 2e	ırn. 6,145,737. 128,560.
1 2 b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	67,439. 61,121.	1 2e	rn. 6,145,737. 128,560. 6,017,177.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 12a. 2b 2c 2d 2d 4a 4b	67,439. 61,121.	1 2e	rn. 6,145,737. 128,560. 6,017,177. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 12a. 2b 2c 2d 2d 4a 4b	67,439. 61,121.	1 2e 3	rn. 6,145,737. 128,560. 6,017,177.

RODALE INSTITUTE

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

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

THE INCOME FROM THE ENDOWMENTS IS AVAILABLE FOR THE OPERATIONS OF THE THE

INSTITUTE, MAINTENANCE OF THE RODALE RESEARCH CENTER AND MAINTENANCE OF

THE FOUNDER'S FARM (FORMALLY KNOWN AS WORKING TREE CENTER).

PART X, LINE 2:

UNCERTAIN TAX POSITIONS UNDER ASC 740

GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE AND DISCLOSE ANY

UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR TAX RETURNS. GAAP PRESCRIBES

A MINIMUM THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET IN ORDER TO BE

RECOGNIZED IN THE FINANCIAL STATEMENTS. THE INSTITUTE BELIEVES IT HAD NO

932054 10-02-19

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23,167.

61,121.

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:
------	-----	------	----	---	-------	--------------

COGS - STORE, ORGANIC GRAIN AND ORGANIC VEGETABLES	37,954.
FUNDRAISING EXPENSES	23,167.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	78,125.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	139,246.

PART XII, LIN	NE 2D - OTHER ADJUSTMENTS:	
COGS - STORE,	, ORGANIC GRAIN AND ORGANIC VEGETABLES	37,954.

FUNDRAISING EXPENSES

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2019

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SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	RODALE	INSTITUTE					23-7206	
	ing Activities. complete this par	 Complete if the organization answe t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total			<u></u>					
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 RODALE INSTITUTE

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b Liet events with gross receipts groater than \$5,000

			(a) Event #1 ORGANIC PIONEERS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	93,390.			93,390
:	2	Less: Contributions	84,020.			84,020
	3	Gross income (line 1 minus line 2)	9,370.			9,370
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	3,517.			3,517
-	7	Food and beverages	19,650.			19,650
		Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 throu				23,167
	t I	Net income summary. Subtract line 10 from				13,131
aı		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	nanswered tes on Form	1990, Part IV, line 19, or l	reported more than	
Т		\$15,000 off Form 990-EZ, life 6a.		(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (a)
	1	Gross revenue				
			·			
:	2	Cash prizes				
:						
		Cash prizes				
	3					
	3 4	Noncash prizes				
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses	 Yes %	Yes%	Yes%	
	3 4 5	Noncash prizes	 Yes %	└── Yes% └── No	└── Yes % └── No	
	3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses	% % No	No	No	
- :	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu		No No	<u> </u>	·
- :	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No No	<u> </u>	
	3 4 5 7 8	Noncash prizes		No No	<u> </u>	
- :	3 4 5 6 7 8 ≣nt	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu	. . .	No No	□ No ►	
- : - : - : - : - : - : - : - : - : - :	3 4 5 6 7 8 Ent	Noncash prizes	Yes% Yes% No Solumn (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	□ No ►	
a	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throu Net gaming income summary. Subtract line ter the state(s) in which the organization con	Yes% Yes% No Solumn (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	No No states?	□ No ►	
a b	3 4 5 6 7 Ent s t f "I	Noncash prizes	Yes% Yes% No Solution of these	States?	No	
	3 4 5 6 7 8 Ent s t f "I We	Noncash prizes	Yes% Yes% No Solution of these	States?	No	
- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	3 4 5 6 7 8 Ent s t f "I We	Noncash prizes		states?	No	
	3 4 5 6 7 8 Ent s t f "I We	Noncash prizes		states?	No	

Sch	edule G (Form 990 or 990-EZ) 2019 RODALE INSTITUTE	23-720688	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	i The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	·····	70
17		us.	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶	ount	
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
Da	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	u and Dart III, lines (06 106
Гd		; and Part III, lines s	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
9320	83 09-11-19 Schedule	G (Form 990 or 99	0-EZ) 2019

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	1 /	
		Schedule G (Form 990 or 990-EZ)
932084 04-01-19		

	HEDULE J	Compensation Information	L	OMB No. 1				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	19			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
	tment of the Treasury	Attach to Form 990.		Open to				
-	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	F analayaan i	•	Inspection ntification number			
man	e of the organizatio	RODALE INSTITUTE		20688		mber		
Da	rt I Question	s Regarding Compensation	23-1	20000	4			
FC					Yes	No		
10	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	n 000		res	No		
Ia		line 1a. Complete Part III to provide any relevant information regarding these items.	1990,					
	First-class or o		naluse					
	Travel for com	, i i i i i i i i i i i i i i i i i i i						
	Tax indemnification and gross-up payments							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
~	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	S					
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
establish compensation of the CEO/Executive Director, but explain in Part III.								
Image: Statistic Compensation committee Image: Statistic Compensation committee								
		compensation consultant X Compensation survey or study						
	·	ther organizations X Approval by the board or compensation of	committee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	Receive a severand	e payment or change-of-control payment?		4a		X		
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X		
с		ceive payment from, an equity-based compensation arrangement?				X		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	evenues of:						
а	The organization?			5a		X		
		ation?				X		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	net earnings of:						
а	The organization?			6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		ז 53.4958-6(c)?						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2019		

932111 10-21-19

23-7206884

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) JEFF MOYER	(i)	152,942.	0.	0.	9,177.	10,144.	172,263.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFF TKACH	(i)	134,927.	0.	0.	8,096.	10,138.	153,161.	0.
CHIEF GROWTH OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE PROCESS FOR DETERMINING OFFICER COMPENSATION IS HANDLED BY THE

ORGANIZATION'S CO-CHAIRS AND INCLUDES COMPARISONS WITH PEER ORGANIZATIONS'

COMPENSATION PROGRAMS, REVIEW OF SALARY SURVEYS, ESTABLISHMENT AND

EVALUATION OF PERFORMANCE GOALS, AND BOARD OF DIRECTORS' APPROVAL.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open to Public Inspection

19

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

RODALE	INSTITUTE

Employer identification number 23 - 7206884

20

Par	TI I ypes of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d Method of d	letermin	•	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	ution ar	mount	.S
1	Art - Works of art			, <u> </u>				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	5	22,906.	FMV ON DAT	E OF	DO	NAT
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (TRAVEL)	X	10		FMV ON DAT			NAT
26	Other (SUPPLIES)	Х	5	10,014.	FMV ON DAT	E OF	DO	NAT
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						•	
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29		,	0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,					v
	exempt purposes for the entire holding period?	•				30a		X
	If "Yes," describe the arrangement in Part II.			.			v	
31	Does the organization have a gift acceptance p					31	х	<u> </u>
32a	Does the organization hire or use third parties of		•	· • ·				v
_	contributions?					32a		X
	If "Yes," describe in Part II.			, ,,, , ,,, ,				
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2019

932141 09-27-19

16110617 793760 3703

23-7206884 Page 2

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

932142 09-27-19	Schedule M (Form 990) 2019

16110617 793760 3703

SCHEDULE O

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

Internal Revenue Service Name of the organization 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. OMB No. 1545-0047

Employer identification number 23 - 7206884

RODALE INSTITUTE

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

FOR MANAGING PESTS AND DISEASES IN ORGANIC AGRICULTURE WHILE PROVIDING

NUTRITIOUS FOOD AND ADAPTING TO AND MITIGATING CLIMATE CHANGE. OUR

FINDINGS, SHARED WITH FARMERS AND SCIENTISTS THROUGHOUT THE WORLD,

ADVOCATE FOR POLICIES THAT SUPPORT FARMERS AND EDUCATE CONSUMERS ABOUT

HOW ORGANIC IS THE HEALTHIEST OPTION. THROUGH ORGANIC LEADERSHIP, WE

IMPROVE THE HEALTH AND WELLBEING OF PEOPLE AND THE PLANET.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AND PEST AND DISEASE PREVENTION.

RODALE INSTITUTE OPERATES SIX SATELLITE LOCATIONS THROUGHOUT THE COUNTRY. THREE OF THESE CAMPUSES ARE LOCATED IN PENNSYLVANIA AND INCLUDE AN ORGANIC FARM AT A ST. LUKE'S UNIVERSITY HOSPITAL NETWORK LOCATION, A FARM-TO-TRACK ORGANIC MODEL AT POCONO RACEWAY CALLED POCONO ORGANICS, AND THE HISTORIC RODALE INSTITUTE FOUNDERS FARM IN EMMAUS, PA. RODALE INSTITUTE ALSO HAS THREE REGIONAL RESOURCES CENTERS, LOCATED IN IOWA, GEORGIA, AND CALIFORNIA, WHICH OPERATE AS EDUCATIONAL AND RESEARCH HUBS IN AGRICULTURAL STRONGHOLDS THROUGHOUT THE COUNTRY.

OUR FARMING SYSTEMS TRIAL, INITIATED IN 1981, IS THE LONGEST-RUNNING

SIDE-BY-SIDE COMPARISON OF CONVENTIONAL AND ORGANIC GRAIN CROPPING

SYSTEMS. OUR RESEARCH COMPARES THE ECONOMICS, ENERGY USE, AND SOIL

HEALTH OF ORGANIC AND CONVENTIONAL FARMING TECHNIQUES.

THROUGH A GRANT PROVIDED BY THE WILLIAM PENN FOUNDATION AND A

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RODALE INSTITUTE	Employer identification number $23 - 7206884$
PARTNERSHIP WITH STROUD WATER RESEARCH CENTER, IN 2018 WE	BEGAN A
SIMILAR SIDE-BY-SIDE TRIAL AT THE NATURAL LANDS TRUST STR	OUD PRESERVE.
THE UNIQUE CHARACTERISTICS OF THIS LAND ENABLE US TO MEAS	URE THE
EFFECTS OF AGRICULTURAL RUN-OFF TO THE DELAWARE WATERSHED	FROM
CONVENTIONAL VS. ORGANIC SYSTEMS.	

IN 2016, WE INITIATED THE VEGETABLE SYSTEMS TRIAL, A LONG-TERM,

SIDE-BY-SIDE COMPARISON OF ORGANIC AND CONVENTIONAL VEGETABLE SYSTEMS.

OUR GOAL IS TO DEVELOP ECONOMICALLY VIABLE SYSTEMS THAT IMPROVE SOIL,

PLANT, HUMAN, AND PLANETARY HEALTH THROUGH THE APPLICATION OF

REGENERATIVE ORGANIC MANAGEMENT TECHNIQUES ON HUMAN CONSUMABLE CROPS.

WE EXPECT THE STUDY TO CONTINUE FOR MORE THAN 20 YEARS, ENABLING US TO

MONITOR SOIL HEALTH, VEGETABLE NUTRITIONAL QUALITY, ENVIRONMENTAL

IMPACT, AGROECOSYSTEM RESILIENCE, AND THE ECONOMICS OF VEGETABLE

PRODUCTION OVER TIME WHILE ASSESSING HOW DIFFERENT MANAGEMENT PRACTICES

DIRECTLY OR INDIRECTLY AFFECT HUMAN HEALTH.

(2) FARMER TRAINING: RODALE INSTITUTE IS INVESTED IN HELPING NEW FARMERS GET ESTABLISHED IN ORGANIC AGRICULTURE, WORKING WITH CONVENTIONAL FARMERS TO TRANSITION TO ORGANIC, AND TEACHING EXISTING ORGANIC FARMERS THE MOST EFFECTIVE ORGANIC GROWING PRACTICES.

ON OUR FARM-A DIVERSE OPERATION INCLUDING HERITAGE BREED LIVESTOCK,

ORGANIC APPLE PRODUCTION, NO-TILL ORGANIC PRODUCTION OF GRAIN AND

VEGETABLE CROPS, COMPOSTING, GREENHOUSE OPERATIONS, A TREATMENT-FREE

HONEYBEE CONSERVANCY, AND INTEGRATION OF PASTURE INTO ORGANIC CROP

ROTATIONS, AMONG OTHER FOCUS AREAS-WE OFFER HANDS-ON EDUCATION TO NEW

FARMERS THROUGH SEVERAL INTERNSHIP PATHWAYS: OUR VETERANS TRAINING 932212 09-06-19
Schedule O (Form 990 or 990-EZ) (2019)
44

3703___1

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization RODALE INSTITUTE	Employer identification number $23-7206884$
PROGRAM IS A FLEXIBLE, 2-4 MONTH PROGRAM SERVING MILITARY	VETERANS
TRANSITIONING TO NEW CAREERS IN ORGANIC AGRICULTURE; THE	AGRICULTURE
SUPPORTED COMMUNITIES PROGRAM ALLOWS US TO BRING HIGH-QUA	LITY ORGANIC
FOOD TO UNDERSERVED COMMUNITIES WHILE TRAINING NEW FARMER	S; OUR
ONE-YEAR ORGANIC FARMING CERTIFICATE PROGRAM, OFFERED IN	PARTNERSHIP
WITH DELAWARE VALLEY UNIVERSITY, PREPARES STUDENTS TO STA	RT A
SMALL-SCALE ORGANIC FARM OR WORK FOR AN ORGANIC OPERATION	; AND OUR
INTERNSHIPS IN GARDENING, LIVESTOCK, AND RESEARCH GIVE TR	AINEES THE
OPPORTUNITY TO FOCUS ON AN AREA OF THEIR CHOOSING.	

(3) HUMAN HEALTH: WE ARE INVESTIGATING THE POTENTIAL LINKS BETWEEN SOIL HEALTH AND HUMAN HEALTH THROUGH OUR VEGETABLE SYSTEMS TRIAL AND HAVE EMBARKED ON SEVERAL PARTNERSHIPS TO FURTHER OUR WORK IN THIS AREA. THE ST. LUKE'S-RODALE INSTITUTE ORGANIC FARM IS A COLLABORATION BETWEEN RODALE INSTITUTE AND THE ST. LUKE'S UNIVERSITY HEALTH NETWORK, PROVIDING ORGANIC PRODUCE TO HOSPITAL PATIENTS AND STAFF AT SEVEN HOSPITALS IN THE ST. LUKE'S NETWORK. PARTNERSHIPS WITH PENN STATE HERSHEY MEDICAL CENTER AND THE PLANTRICIAN PROJECT ENABLE US TO DEEPEN OUR INVESTIGATION OF THE SOIL-HUMAN HEALTH CONNECTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RODALE INSTITUTE SUPPORTS ORGANIC FARMERS IN ADVOCATING FOR IMPROVED FEDERAL POLICY IN WASHINGTON, D.C. LEARN MORE AT ORGANICFARMERSASSOCIATION.ORG.

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

MARIA RODALE, BOARD DIRECTOR AND MAYA RODALE, CO-CHAIRMAN, HAVE A FAMILY

RELATIONSHIP.

932212 09-06-19

Name of the organization

RODALE INSTITUTE

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

GOVERNING BODY REVIEW OF FORM 990

PRIOR TO FILING WITH THE IRS, AN ELECTRONIC VERSION OF THE FORM 990 IS

DISTRIBUTED TO EACH VOTING MEMBER OF THE GOVERNING BOARD.

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

MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY

EACH VOTING MEMBER OF THE GOVERNING BOARD IS REQUIRED TO COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE WHICH DEFINES ANY POTENTIAL CONFLICTS ON

AN ANNUAL BASIS. THE CO-CHAIRS OF THE BOARD MONITOR THE POTENTIAL OF A

CONFLICT OF INTEREST ON AN ANNUAL BASIS AND AT ANY TIME A VOTING MEMBER CAN

DISCLOSE A SUSPECTED CONFLICT OF INTEREST TO ANY OF THE OTHER VOTING

MEMBERS OR CO-CHAIRS. IF A CONFLICT EXISTS, THE BOARD SHALL ASCERTAIN ALL

MATERIAL FACTS AND DETERMINE DETERMINE WHETHER THE TRANSACTION IS IN THE

ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR

AND REASONABLE TO THE ORGANIZATION; THE MAJORITY OF DISINTERESTED MEMBERS

OF THE BOARD THEN IN OFFICE MAY APPROVE THE TRANSACTION.

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

PROCESS FOR DETERMINING COMPENSATION

THE PROCESS FOR DETERMINING OFFICER COMPENSATION IS HANDLED BY THE

ORGANIZATION'S CO-CHAIRS AND INCLUDES COMPARISON WITH PEER ORGANIZATIONS'

COMPENSATION PROGRAMS, REVIEW OF SALARY SURVEYS, ESTABLISHMENT AND

EVALUATION OF PERFORMANCE GOALS, AND BOARD OF DIRECTORS APPROVAL.

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

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, MD, MA, ME, MI, MN, MS, NC, NE, ND, NH, NJ 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 46

Name of the organization

RODALE INSTITUTE

Page 2 Employer identification number 23-7206884

NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC AVAILABILITY OF OTHER DOCUMENTS

COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND

FORM 990 ARE AVAILABLE UPON REQUEST.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST

78,125.

932212 09-06-19

16110617 793760 3703

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

SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

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

Employer identification number 23-7206884

Name of the organization

RODALE INSTITUTE

Part I

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
	1				
	1				
		1		1	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) n 512(b)(13) ntrolled ntity?	
				501(c)(3))		Yes	No	

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

Schedule R (Form 990) 2019

Bechedule R (Form 990) 2019 ROD Part III Identification of Related C organizations treated as a particular streated of the second streated stre	Organizations Taxable	e as a Partn	ership. Complete i	f the organi	zation answe	ered "Ye	es" on Forr	n 990, P	art IV, line	34, be	ecause	e it had one or	more r	elated	d	
(a)	(b)	(c)	(d)		(e)		(f)		g)	(h	ı)	(i)		(j)	()	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	nant income , unrelated, rom tax under		e of total come	end-	are of of-year sets	Dispropo allocat	ions?	Code V-UBI G amount in box		Code V-UBI mount in box 0 of Schedule		ntage rship
		country)		sections	s 512-514)					Yes	No	K-1 (Form 10	65) Ye	s No		
	-															
	_															
	-															
Part IV Identification of Related C organizations treated as a c	I Organizations Taxable corporation or trust du	e as a Corp ring the tax	I oration or Trust. C year.	omplete if t	he organizat	on ans	wered "Ye	s" on Fo	rm 990, Pa	art IV, I	line 34	, because it h	ad one	or mo	ore rel	ated
(a) (b) Name, address, and EIN Primary a of related organization		(b) (c) Primary activity Legal domicile (state or foreign		domicile Direct controllin ate or entity		Direct controlling Type of ent		entity Share of tota S corp, income			(g) Share of end-of-year assets	(h) Percer owner	tage	(i Sec 512(t contr ent	o)(13) olled	
				country)				,			_				Yes	No
BENEFICIAL INTEREST IN PERPE	TUAL TRUST (1)	PASSIVE I	NVESTMENTS		RODALE INSTITUTE		TRUST		95,4		,	569,603.		100%	x	
										-,		,				

Schedule R (Form 990) 2019 RODALE INSTITUTE

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

e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х	
	1b		Х
Gift, grant, or capital contribution from related organization(s)	1c		Х
	1d		X
	1e		Х
Dividends from related organization(s)	1f		X
Sale of assets to related organization(s)	1g		X
	1h		X
	1i		X
Lease of facilities, equipment, or other assets to related organization(s)	1j		X
Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	1m		X
	1n		X
Sharing of paid employees with related organization(s)	10		X
Reimbursement paid to related organization(s) for expenses	1p		X
Reimbursement paid by related organization(s) for expenses	1q		X
Other transfer of cash or property to related organization(s)	1r		X
Other transfer of cash or property from related organization(s)	1s		X
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Sale of assets to related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets rom related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) for expenses	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Receipt of (i) interest, (ii) annutiles, (iii) royatiles, or (iv) rent from a controlled entity 1a Gift, grant, or capital contribution to related organization(s) 1c Loans or loan guarantees to or for related organization(s) 1d Loans or loan guarantees by related organization(s) 1d Dividends from related organization(s) 1e Dividends from related organization(s) 1g Purchase of assets to related organization(s) 1g Lease of facilities, equipment, or other assets to related organization(s) 1i Lease of facilities, equipment, or other assets from related organization(s) 1i Lease of facilities, equipment, or other assets to related organization(s) 1i Lease of facilities, equipment, or other assets from related organization(s) 1i Lease of facilities, equipment, or other assets to related organization(s) 1i Performance of services or membership or fundraising solicitations by related organization(s) 1i Performance of services or membership or fundraising solicitations by related organization(s) 1i Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1i <td>During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1 X Receipt of (i) interest, (ii) annuities, (iii) royatiles, or (iv) rent from a controlled entity 1 X Gift, grant, or capital contribution to related organization(s) 1 1 X Loans or loan guarantees to or for related organization(s) 1 1 Id Id Loans or loan guarantees by related organization(s) 1 1 Id Id Dividends from related organization(s) 1 1 Id <td< td=""></td<></td>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1 X Receipt of (i) interest, (ii) annuities, (iii) royatiles, or (iv) rent from a controlled entity 1 X Gift, grant, or capital contribution to related organization(s) 1 1 X Loans or loan guarantees to or for related organization(s) 1 1 Id Id Loans or loan guarantees by related organization(s) 1 1 Id Id Dividends from related organization(s) 1 1 Id Id <td< td=""></td<>

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	A	95,497.	FMV
(2)			
(3)			
(4)			
_(6)			

Schedule R (Form 990) 2019 RODALE INSTITUTE

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

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

(a)	(b)	(c)	(d)	-)	(f)	(g)	()	ח)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are a partners 501 (c orgs	all s sec	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gene	ral or	Percentage
of entity	, ,	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	tior alloca	nate tions?	amount in box 20	mana partr	iging her?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income		Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	
				\vdash									
				╞─┼									

Schedule R (Form 990) 2019

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	r Name of exempt organization or other filer, see	instructions.		Taxpaye	ridentificatio	on number (TIN)					
print	RODALE INSTITUTE			23-7206884							
File by th due date filing you return. Se	Number, street, and room or suite no. If a P.O. I		23 72								
	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. KUTZTOWN, PA 19530										
Enter t	ne Return Code for the return that this application is	for (file a separa	te application for each return)								
Applic	ation	Return	Application			Return					
ls For		Code	Is For			Code					
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 9	90-BL	02	Form 1041-A			08					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09					
Form 9	90-PF	04	Form 5227			10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 9	90-T (trust other than above) EXECUTIVE D	06	Form 8870			12					
box	request an automatic 6-month extension of time untine organization named above. The extension is for the X calendar year 2019 or	and atta NOVEI organization's , an	ch a list with the names and TINs o MBER 16, 2020 , to file s return for: d ending	f all memb	ers the extension organiza	ension is for.					
	this application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069,	enter the tentative tax, less								
-	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or			3a	\$	0.					
		0									
-	stimated tax payments made. Include any prior year			3b	\$	0.					
	Balance due. Subtract line 3b from line 3a. Include yo				•	0					
	sing EFTPS (Electronic Federal Tax Payment System			30	\$	0.					
Cautio instruc	n: If you are going to make an electronic funds withd tions.	rawal (direct de	bit) with this Form 8868, see Form 8	3453-EO a	na Form 88	79-EO for payment					
LHA	For Privacy Act and Paperwork Reduction Act No	otice, see instru	uctions.		Form	8868 (Rev. 1-2020)					