** 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.



Department of the Treasury Internal Revenue Service

AF	or the	e 2021 calendar year, or tax year beginning and	ending	_							
B c	Check if applicab	e: C Name of organization		D Employer identifie	cation number						
	Addre	E RODALE INSTITUTE									
	Name chang	e Doing business as	_	23-7206884							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Final return	611 SIEGFRIEDALE ROAD	610-683-3								
	termir ated		G Gross receipts \$	18,174,283.							
	Amen return	ded KUTZTOWN, PA 19530		H(a) Is this a group re	eturn						
	Applic distance	F Name and address of principal officer: 0 ET T MOTEN		for subordinates	? Yes 🗶 No						
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in							
1 1	Fax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1)	or 📃 527	lf "No," attach a	list. See instructions						
J١	Nebsi	te: NWW.RODALEINSTITUTE.ORG		H(c) Group exemption	n number 🕨						
κF	Form of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1947 N	State of legal domicile: PA						
Pa	art I	Summary									
۵	1	Briefly describe the organization's mission or most significant activities: \underline{TO} I	MPROVE	THE HEALTH	AND						
Activities & Governance		WELL-BEING OF PEOPLE AND THE PLANET THRO	UGH OR	GANIC LEADE	RSHIP.						
rne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.						
ove	3	Number of voting members of the governing body (Part VI, line 1a)		13							
ڻ ح		Number of independent voting members of the governing body (Part VI, line 1b)			12						
es 2		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			113						
viti		Total number of volunteers (estimate if necessary)			39						
cti				7a	0.						
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)		8,902,303.	10,694,556.						
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.						
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		842,555.	1,293,803.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		310,830.	540,006.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,055,688.	12,528,365.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,403,749.	4,847,395.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		116,277.	108,258.						
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,051,9	81.								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,127,542.	3,530,179.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,647,568.	8,485,832.						
	19	Revenue less expenses. Subtract line 18 from line 12		2,408,120.	4,042,533.						
Net Assets or Fund Balances				ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		38,124,687.	44,853,395.						
dB	21	Total liabilities (Part X, line 26)		845,182.	941,342.						
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		37,279,505.	43,912,053.						
		Signature Block									
Und	er pena		Inder 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, CHIEF Type or print name and title	EXECUTIVE OFFICER	Date							
Paid	Print/Type preparer's name JENNIFER SOLOT	Preparer's signature	Date Check PTIN 07/07/2022 if self-employed P00749373							
Preparer	Firm's name 🕞 BBD , LLP		Firm's EIN 23-2896692							
Use Only	Firm's address ▶ 1835 MARKET	STREET, 3RD FLOOR								
PHILADELPHIA, PA 19103 Phone no.215-567-77										
May the If	May the IRS discuss this return with the preparer shown above? See instructions IV Yes IV No									
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)									

		23-7206884	Page
Pai	t III Statement of Program Service Accomplishments		1
	Check if Schedule O contains a response or note to any line in this Part III		. [
1	Briefly describe the organization's mission: PODATE TNEETERS = 501(C)(3) NONDROFTE DEDICATED		
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Image: 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 DEDICATED 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 on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.		the	
2	prior Form 990 or 990-EZ?	Yes [X
			37
3		vices?Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
		o others, the total expenses, ar	nd
4a	E 0 E 0 4 0	(Revenue \$ 409,3	03
	AREAS: GROWING REGENERATIVE ORGANIC AGRICULTURE, MIT	IGATING AND	
	ADAPTING TO CLIMATE CHANGE, AND SOLVING FOOD INSECURE	ITY BY GROWING	
	NUTRIENT-DENSE FOODS. THERE ARE CURRENTLY MORE THAN	25 RESEARCH	
			'RC
		SCHED. O.]	
4b		(Revenue \$	
	OUTREACH AND EDUCATION: OUR RESEARCH FINDINGS ARE SHA	ARED WITH FARMER	s,
	RODALEINSTITUTE.ORG, WHICH SEES MORE THAN 1 MILLION	VISITORS PER YEA	R.
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
)	
4e	Total program service expenses ► 6,488,713.		
3200	SEE SCHEDULE O FOR CONTINUATIO	Form 99 ON (S)	0 (2
	3		
40	707 793760 3703 2021.04000 RODALE INSTITUTE	3703_	

Form 990 (2021) 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)?	4	x	
2	If "Yes," complete Schedule A	1 2	X	<u> </u>
2	Did the organization equired to complete schedule b, schedule of commutors, see instructions	<u> </u>		
0	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	<u> </u>
5	similar amounts as defined in Rev. Proc. 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			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 '		<u> </u>
5	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,			
	Part VI		Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	X	<u> </u>
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>^</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
100-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	900	X (2021)
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4 2021.04000 RODALE INSTITUTE
 Form 990 (2021)
 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	X	
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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	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			
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		X
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u></u>
23	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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 the 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		X
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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule H, Part VI	37		- 23
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 47			
	Enter the number of Forms W-2G included on 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	X	
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	2			

2021.04000 RODALE INSTITUTE

Form 990	(2021)
Part V	State

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 RODALE INSTITUTE

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

	6 12-09-21 6			Form	9 90	(20
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		N/A	17		
	If "Yes," complete Form 4720, Schedule O.					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt incor	ne?	16		2
	excess parachute payment(s) during the year?			15		ŀ
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			4-		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation on Schedule the explanation of the explanatis of the explanation of the explanation			14b		╋
				14a		
	Enter the amount of reserves on hand	13c				Ŧ
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves the organization is required to maintain by the states in which the	1. 1				
	Note: See the instructions for additional information the organization must report on Schedule O.					
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		Ļ
	Section 501(c)(29) qualified nonprofit health insurance issuers.		/-			4
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year \dots N/A	12b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		\downarrow
	amounts due or received from them.)	11b				1
b	Gross income from other sources. (Do not net amounts due or paid to other sources against]				
	Gross income from members or shareholders N/A	11a				
	Section 501(c)(12) organizations. Enter:					I
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				1
	Section 501(c)(7) organizations. Enter:					T
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Γ
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Ι
	Sponsoring organizations maintaining donor advised funds.					T
	sponsoring organization have excess business holdings at any time during the year?		NT / 7	8		Ι
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					t
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h	N/	_
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	N/	Ŧ
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		t
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	<u> </u>	t?	7e		ĺ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				t
	to file Form 8282?	-		7c		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					t
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		t
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		ſ
	Organizations that may receive deductible contributions under section 170(c).			0.0		t
	were not tax deductible?		-	6b		
	If "Yes," did the organization include with every solicitation an express statement that such contribu					$^{+}$
	any contributions that were not tax deductible as charitable contributions?			6a		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		+
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		╀
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		╀
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		1
	If "Yes," enter the name of the foreign country		· · · · · · · · · · · · · · · · · · ·			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		1
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		Ι
				3a		Τ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					t
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	x	ſ
	filed for the calendar year ending with or within the year covered by this return	2a	113			1

Form 990	(2021)
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RODALE INSTITUTE

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

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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.

		1	44		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	13	5				
	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.		1.					
	Enter the number of voting members included on line 1a, above, who are independent		12	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				x			
~	officer, director, trustee, or key employee?			2	<u>^</u>			
3	Did the organization delegate control over management duties customarily performed by or under the of afficience directory are leave ampleuses to a management company or other person?		-	3		x		
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form			4		X		
4 5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X		
6	Did the organization become aware during the year of a significant diversion of the organization s a Did the organization have members or stockholders?			6		X		
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or							
74	more members of the governing body?			7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		•					
	The governing body?			8a	X			
	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					x		
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A		
	tion B. Policies (This Section B requests information about policies not required by the internal	neveni	le Code.)		Yes	No		
0-2	Did the organization have local chapters, branches, or affiliates?			10a	165	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such			104				
D.				10b				
1a								
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes," c	lescribe		v			
~	on Schedule O how this was done			12c	X X			
3	Did the organization have a written whistleblower policy?			13	X			
4	Did the organization have a written document retention and destruction policy?			14				
5	Did the process for determining compensation of the following persons include a review and appro persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ndependent					
2	The organization's CEO, Executive Director, or top management official	<i>{</i>		15a	x			
	Other officers or key employees of the organization			15a 15b	<u> </u>	X		
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a					
	taxable entity during the year?			16a		x		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org							
	exempt status with respect to such arrangements?			16b				
ec	tion C. Disclosure							
7	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,		0-T (section 501(c)(3)s only) avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.	in on S	abadula ()					
10			,	nd fina	noial			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	COULIC	or interest policy, al	iu tinal	ncial			
0	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	ooka a	nd records					
20	THE ORGANIZATION - 610-683-1400	JUUKS a						
2000	611 SIEGFRIEDALE ROAD, KUTZTOWN, PA 19530			Form	1 990	(2024		
12006	5 12-09-21 7			FUIII	1990	(2021		
40	707 793760 3703 2021.04000 RODALE INSTITU	JTE		37() 3	1		

Part VII	Compensation of Officers,	Directors , Trustee	es, Key Employees	, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• 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 the 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)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is bot officer and a director/trus		h an	compensation	compensation	amount of			
	week					from	from related	other		
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	ıal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Higlemp	Fori			
(1) JEFF MOYER	40.00							000 607	0	
CHIEF EXECUTIVE OFFICER	40.00	X		X				232,607.	0.	27,235.
(2) JEFF TKACH	40.00							145 004	0	
CHIEF IMPACT OFFICER	40.00					X		145,824.	0.	24,645.
(3) ELAINE MACBETH	40.00							126 110	0	00 001
CHIEF FINANCIAL OFFICER				X				136,712.	0.	28,821.
(4) ANDREW SMITH	40.00							100 624	0	07 041
CHIEF OPERATING OFFICER	40.00					X		122,634.	0.	27,841.
(5) ANNIE BROWN	40.00								0	
VP OF DEVELOPMENT	1 00					X		107,750.	0.	26,754.
(6) MAYA RODALE	1.00								0	0
CO-CHAIR	1 00	Х		X				0.	0.	0.
(7) ROBERTA LANG	1.00	37		37				0	0	0
CO-CHAIR	1 00	Х		Х				0.	0.	0.
(8) NICOLE E. TAYLOR	1.00	v		v				0.	0.	0
RECORDING SECRETARY	1.00	Х		Х				0.	0.	0.
(9) CHRIS ELY	1.00	v						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(10) PEDRO LANDA	1.00	x						0.	0.	0.
DIRECTOR (11) ERIK OBERHOLTZER	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) ESTHER PARK HALLAM	1.00	~						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(13) MARIA RODALE	1.00							0.	•	0.
DIRECTOR	1.00	x						0.	0.	0.
(14) PETER SHERMAN	1.00								••	
DIRECTOR	100	x						0.	0.	0.
(15) LOREN SPEZIALE	1.00									
DIRECTOR		х						0.	0.	0.
(16) JENNIFER TAYLOR, PHD	1.00							•••		
DIRECTOR		x						0.	0.	0.
(17) SAM TAYLOR	1.00							•••	•••	
DIRECTOR		x						0.	0.	0.
132007 12-09-21										Form 990 (2021)
						0				, ,

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Form 990 (2021) RODALE INSTITUTE 23-72068										884	Pa	ige 8		
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) Name and title Average hours per week					Pos heck ss pe	more rson	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount o other	
		(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/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	fr org and	pensat om the anizati d relate anizatio	e on ed
1b	Subtotal							<u>►</u>	745,527.		0.	13	5,29	96.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 745,527.		0.		5,29	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	bove	e) wh	io r	eceived more than \$100	,000 of reportab	le			5
3	Did the organization list any former officer,	director. trust	ee. I	kev e	ame	love	e. or	hic	ahest compensated emp	olovee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su								her compensation from			3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	accrue compei	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	6	4	X	x
Sec	ion B. Independent Contractors			0/ 30		perc					<u></u>	<u> </u>		
1	Complete this table for your five highest co the organization. Report compensation for	•	•								npens	ation f	rom	
0.001	(A) (B) (C) Name and business address Description of services Compensation									1				
STROUD WATER RESEARCH CENTER970 SPENCER ROAD, AVONDALE, PA 19311RESEARCH50									50	3,92	29.			
	-													
2	Total number of independent contractors (i \$100,000 of compensation from the organized strength of the organized strength	•	iot li	mite	d to		se lis 1	stec	a above) who received n	nore than		Form	990 (2	021
														.061)

132008 12-09-21

Form	n 990	(2021) RODALE INSTITUTE			23-7206	884 Page 9
Pa	rt VI					
		Check if Schedule O contains a response or note to an	y line in this Part VIII			
			(A) Total revenue	Related or exempt		Revenue excluded
nts nts	1 a	Federated campaigns 1a				
Sran		Membership dues 1b				
a, C	c	Fundraising events 1c				
Gifi İlar	c	Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	e	9 ()	27.			
er (S	f	All other contributions, gifts, grants, and				
oth		similar amounts not included above 1f 9, 327, 92				
t out	ç					
<u>a O</u>	r	Total. Add lines 1a-1fBusiness Co	10,694,556.	•		
a)	2 8					
Program Service Revenue	2 c k					
Ser nue						
am eve						
2 B G G	e					
Å	f	All other program service revenue				
	ç	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	► <u>492,420</u>			492,420.
	4	Income from investment of tax-exempt bond proceeds	▶			
	5	Royalties (i) Real (ii) Persona				
	•					
	6 a		-			
	k c		-			
			111,365,			111,365.
		Gross amount from sales of (i) Securities (ii) Other	- , ,			,
		assets other than inventory 7a 6, 418, 306.				
	k	Less: cost or other basis				
anu		and sales expenses 7b 5,616,923.				
evenue		Gain or (loss)				
r R		Net gain or (loss)	801,383.			801,383.
Other R	8 8	Gross income from fundraising events (not				
0		including \$ of				
		contributions reported on line 1c). See				
	t	Part IV, line 18 8a b Less: direct expenses 8b	-			
		Gross income from gaming activities. See				
		Part IV, line 19 9a				
	k	D Less: direct expenses 9b				
	c		►			
	10 a	Gross sales of inventory, less returns				
		and allowances 10a 438,29				
		Less: cost of goods sold 10b 28,99		400.202		
	<u> </u>	Net income or (loss) from sales of inventory	409,303.	. 409,303.		
snc	11 a		19,338.			19,338.
nue	l i a	·		·		,
sella						
Miscellaneous Revenue		I All other revenue				
2	e	• Total. Add lines 11a-11d	19,338.	•		
	12	Total revenue. See instructions	12,528,365.	409,303.	0.	1424506.
13200	9 12-0	9-21				Form 990 (2021)

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23 - 7206884

f

q

RODALE INSTITUTE

108,258.

22,103.

22,911.

257,343.

1,131.

3,387.

27,783.

15,534.

10,401.

1,051,981.

25,389.

19,858.

72,543

36,762.

12,594.

2,721.

1,744.

101.

41,100.

37,706.

8,870.

5,499.

945,138.

	Check if Schedule O contains a response	o or noto to any line in	this Dart IV		
	bot 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	425,375.	314,509.	61,922.	48,94
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	3,398,935.	2,524,391.	485,917.	388,62
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,009.	61,751.	13,238.	10,02
9	Other employee benefits	660,141.	480,783.	101,819.	77,53
0	Payroll taxes	277,935.	202,580.	42,744.	32,61
1	Fees for services (nonemployees):	,	_ ,	,	- ,
a	Management				
	Legal				
	Accounting				
	Lobbying	10,000.	10,000.		

108,258.

178,946.

433,345

791,071.

201,535.

189,018.

89,605.

542,524.

427,377.

354,039.

224,967.

8,485,832.

87,752.

136,985.

337,891

496,966.

187,810.

160,908.

84,474.

542,423.

358,494.

300,799.

216,097.

6,488,713.

71,852.

column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24

e Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

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.) CONTRACTORS & SUBCONTRA а EQUIP RENTAL/MAINT b OTHER С TESTING AND MEASUREMENT d

e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

132010 12-09-21

12

RODALE INSTITUTE

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,966,294.	1	5,842,388.
	2	Savings and temporary cash investments			2,734,851.	2	2,744,413.
	3	Pledges and grants receivable, net	3,933,302.	3	4,016,232.		
	4	Accounts receivable, net	144,433.	4	377,898.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			15,075.	8	22,067.
◄	9	Prepaid expenses and deferred charges			100,075.	9	181,588.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,523,829.			
	b	Less: accumulated depreciation	10b	1,823,169.	4,790,265.	10c	4,700,660.
	11	Investments - publicly traded securities			22,803,895.	11	26,285,571.
	12	Investments - other securities. See Part IV, line 1	1		636,497.	12	682,578.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			38,124,687.	16	44,853,395.
	17	Accounts payable and accrued expenses			783,403.	17	932,306.
	18	Grants payable	40 500	18			
	19	Deferred revenue			42,738.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
-iat		controlled entity or family member of any of thes		F	10 041	22	0.020
-	23	Secured mortgages and notes payable to unrela		F	19,041.	23	9,036.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		F	845,182.	25	941,342.
	26	Total liabilities. Add lines 17 through 25			045,102.	26	941,942.
es		Organizations that follow FASB ASC 958, che	ck ner	e 🕨 🗖			
ů.	07	and complete lines 27, 28, 32, and 33.			17,774,277.	07	21,767,352.
3ala	27	Net assets without donor restrictions	19,505,228.	27 28	22,144,701.		
Ы	28	Net assets with donor restrictions			17,303,220.	28	22,144,701.
Fur		Organizations that do not follow FASB ASC 9	58, CN				
r	20	and complete lines 29 through 33.				20	
ets	29	Capital stock or trust principal, or current funds				29 20	
Ass	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			37,279,505.	31 32	43,912,053.
z	32 33	Total net assets or fund balances	38,124,687.	32	44,853,395.		
	33	TOTAL HADINGES AND THE ASSETS/TUND DATANCES			30,121,007.	33	Eorm 990 (2021)

Form **990** (2021)

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	1990 (2021) RODALE INSTITUTE	23-72	206884	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			10 500		< -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,528		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,485		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,042		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,279		
5	Net unrealized gains (losses) on investments	5	2,543	5,9	34.
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	46	, 0	81.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	43,912	2,0	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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 on 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	-			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2021
	Open to Public Inspection
r	identification number

Name of the c	organization
---------------	--------------

Name of the organization Employer identification number of the organization										
De			LE INSTITU						3-7206884	
Pa		Reason for Public			-			IS.		
The	organ	ization is not a private found								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .								
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
_	city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
-		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local go								
7	X	An organization that norma		antial part of its support i	rom a gov	vernmenta	l unit or from t	he general	I public described in	
~		section 170(b)(1)(A)(vi). (C								
8		A community trust describe				a al lina a a sa li				
9		An agricultural research org	-			-		-	-	
		or university or a non-land-	grant conege of agric			name, cit	y, and state o	r the collec		
10		university: An organization that norma	lly receives (1) more	than 22 1/20% of its sun	port from	contributio	one mombore	hin foos a	nd gross receipts from	
10		activities related to its exen								
		income and unrelated busi								
		See section 509(a)(2). (Con				.5505 2040		gamzation		
11		An organization organized	,	sively to test for public sa	afety. See	section 5	09(a)(4).			
12		An organization organized	-	•	•			arrv out the	e purposes of one or	
		more publicly supported or	•	•	•		-	•	• •	
		lines 12a through 12d that								
а		Type I. A supporting orga				-		-	y giving	
		the supported organization	-	-	•					
		organization. You must o								
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	aving	
		control or management of	of the supporting org	anization vested in the s	ame pers	ons that co	ontrol or mana	age the sup	oported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supportir	ng organization operated	in connec	tion with,	and functiona	lly integrat	ed with,	
		its supported organizatio	n(s) (see instruction	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)	
		that is not functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	equirement an	d an attent	tiveness	
		_ requirement (see instruct								
е		Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III		
		functionally integrated, o				zation.				
f		er the number of supported of								
g		vide the following information i) Name of supported	n about the support (ii) EIN	– ()	(iv) Is the ora:	anization listed	(v) Amount of	(managed and a	(vi) Amount of other	
	(organization		(iii) Type of organization (described on lines 1-10	in your govern	ing document?	support (see ir	,	support (see instructions)	
				above (see instructions))	Yes	No		,		
						<u> </u>				
						1				

Schedule A	(Form	990)	202

RODALE INSTITUTE

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

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

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 b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		-			-	-	VI how the organiz	zation
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organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b							10% or
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		-						. —
	40	-						
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17t	o, check this box a		

(I

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second. third	, fourth. or fifth tax	vear as a section	501(c)(3) orga	anization,
	-					
Section C. Computation of Publ						
15 Public support percentage for 2021 (I			column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)	17	%
18 Investment income percentage from 2		- · · · · · · · · · · · ·			18	%
19a 33 1/3% support tests - 2021. If the		•				
more than 33 1/3%, check this box a	-					▶□
b 33 1/3% support tests - 2020. If the						/3%, and
line 18 is not more than 33 1/3% , che	•			•		
20 Private foundation. If the organizatio			•	. ,	•	
132023 01-04-22						dule A (Form 990) 2021
			16			-

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RODALE INSTITUTE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

Part IV	Supporting Orga	anizations (cont	tinued)
	(Form 990) 2021		INSTITUTE

1

2

No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the banefit of any supported organization other than the supported

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.

Section C.	Type I	Supporting	Organizatio	ons

			Yes
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		
	the supported organization(s).	1	
Sec	ction D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- a 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.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

132025 01-04-22

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18 2021.04000 RODALE INSTITUTE 3b | | Schedule A (Form 990) 2021

2a

2b

За

Yes No

Schedule A (Form 990) 2021

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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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) 2021

132026 01-04-22

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

132027 01-04-22

Part IV, Section A, line 1; Part IV, Sec	Information. Provide the explanations required by Part II, line 10; Part II, line ⁻ ines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I ion D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V
SCHEDULE A, PARI	II, LINE 10, EXPLANATION FOR OTHER INCOM	4E:
INT INC - DISQ F	ERSON	
2017 AMOUNT: \$	71,196.	
OTHER REVENUES		
2017 AMOUNT: \$	127,581.	
2018 AMOUNT: \$	85,809.	
2019 AMOUNT: \$	113,509.	
2020 AMOUNT: \$	78,197.	
2021 AMOUNT: \$	19,338.	
132028 01-04-22		Schedule A (Form 990)
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

F

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

23-7206884

RODALE INSTITUTE

Organization type (check one):		
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	
Form 990-PF	 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B	(Form	990)	(2021)
------------	-------	------	-------	---

Name of organization

Part I

(a)

No.

(a)

1

Employer identification number

(d)

Type of contribution

X

Έ

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

(b)

Name, address, and ZIP + 4

(b)

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

23-7206884

(c)

Total contributions

(c)

\$

596,567.

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$220,900.	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		\$ <u>1,500,000.</u>	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		\$884,431.	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		\$250,000.	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
6		\$337,788.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
452 11-11-	21 23		Schedule B (Form 990) (2021)
0707	793760 3703 2021.04000 RODALE	INSTITUTE	37031

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123452

Schedule	В	(Form	990)	(2021)
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Name of organization

Employer identification number

RODALE INSTITUTE

23-7206884

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>1,283,875.</u>	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		\$ <u>933,530.</u>	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		\$ <u>350,000.</u>	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
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

24 2021.04000 RODALE INSTITUTE

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ODALE INSTITUTE			23-7206884	
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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. 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	
		\$		
(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	
3453 11-11-		\$	Schedule B (Form 990) (20	

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25 2021.04000 RODALE INSTITUTE Employer identification number

Name of organization

Schedule B (Form 990) (2021)

Name of or	ganization			Employer identification number
RODALI	INSTITUTE			23-7206884
Part III) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	that total more than \$1,000 for the year
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		cription of how gift is held
Part I				
-		(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
ŀ		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
123454 11-11	-21	26		Schedule B (Form 990) (202

26 2021.04000 RODALE INSTITUTE

SCHEDULE C (Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527					OMB No. 1545-0047		
					2021		
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.					Open to Public	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
If the organization ans	wered "Yes," or	r Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Cam	paign Act	ivities), then	
		plete Parts I-A and B. Do not com	•				
		01(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Pa	rt I-B.		
Section 527 organiz	-	•	000 F7 B 11/1 II	<i></i>			
-		1 Form 990, Part IV, line 4, or For have filed Form 5768 (election und					
		have NOT filed Form 5768 (election und		•	•		
		Form 990, Part IV, line 5 (Proxy	•			•	
Tax) (See separate inst						, i al i i, illo coo (i i oxy	
 Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.					
Name of organization					Employe	r identification number	
	-	INSTITUTE				23-7206884	
Part I-A Compl	ete if the org	anization is exempt unde	r section 501(c)	or is a section 5	527 orga	anization.	
		ation's direct and indirect politica					
2 Political campaign					.▶\$		
3 Volunteer hours for	political campai	gn activities			·		
Part I-B Compl	ata if tha orc	anization is exempt unde	r section $501(c)(c)$	3)			
=		incurred by the organization unde		-	▶\$		
		incurred by organization manager					
		n 4955 tax, did it file Form 4720 fo				Yes No	
b If "Yes," describe in							
Part I-C Compl	ete if the org	anization is exempt unde	er section 501(c),	except section	501(c)(3).	
1 Enter the amount of	lirectly expended	by the filing organization for sect	ion 527 exempt funct	ion activities	.►\$		
		ization's funds contributed to othe					
					.▶\$		
-	-	. Add lines 1 and 2. Enter here an			Ν.		
0 0							
		nployer identification number (EIN tion listed, enter the amount paid					
	-	omptly and directly delivered to a					
		additional space is needed, provid			,	5 5	
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political	
				filing organizatio	n's co	ntributions received and	
				funds. If none, ent		promptly and directly delivered to a separate	
						political organization.	
						If none, enter -0	
				1			
				1			
			-	-			

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021 RODALE INSTITUTE 23-7206884 Page 2							
Part II-A Complete if the org	anization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under		
	section 501(h)).						
			Part IV each affiliated	group member's nam	e, address, EIN,		
	re of excess lobbying	. ,					
B Check ▶ if the filing organiza	tion checked box A a	nd "limited control" pro	ovisions apply.				
	ts on Lobbying Expe			(a) Filing organization's	(b) Affiliated group totals		
(The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)		10,000.			
b Total lobbying expenditures to infl	uence a legislative bo	dy (direct lobbying)		10 000			
c Total lobbying expenditures (add li				10,000.			
d Other exempt purpose expenditure				7,433,851.			
e Total exempt purpose expenditure				7,443,851. 522,193.			
f Lobbying nontaxable amount. Ente				522,195.			
If the amount on line 1e, column (a) of		bying nontaxable am					
Not over \$500,000 Over \$500,000 but not over \$1,000		the amount on line 1e. 00 plus 15% of the exc					
Over \$1,000,000 but not over \$1,50		0 plus 10% of the exc					
Over \$1,500,000 but not over \$17		0 plus 5% of the exce					
Over \$17,000,000	\$1,000,						
+ , ,	+ · , ,						
g Grassroots nontaxable amount (er	nter 25% of line 1f)			130,548.			
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				L	Yes No		
		eraging Period Under					
(Some organizations t		01(h) election do not ate instructions for lii	•	of the five columns b	elow.		
		nditures During 4-Yea					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount	382,649.	426,151.	475,159.	522,193.	1,806,152.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					2,709,228.		
c Total lobbying expenditures	60,280.	60,000.	49,999.	10,000.	180,279.		
		,	, -	• -	, -		
d Grassroots nontaxable amount	95,662.	106,538.	118,790.	130,548.	451,538.		
e Grassroots ceiling amount							
(150% of line 2d, column (e))					677,307.		
f Grassroots lobbying expenditures	60,280.	60,000.	49,999.	10,000.	180,279.		
				0.1.1			

Schedule C (Form 990) 2021

132042 11-03-21

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
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?				
	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?				
j	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				
	c 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	ection	
	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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
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 answered "Yes."	"No" OR (b			e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	b Carryover from last year				
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		
	t IV Supplemental Information				
Prov	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,	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) 2021

132043 11-03-21

SCHEDU	LE D
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(Form	990)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

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Nam	RODALE INSTITUTE		Emt	23 - 7206884
Pa		Funds or Other Similar Funds	or Accou	
	organization answered "Yes" on Form 990, Part IV, line 6			
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year		(-7	
2	Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
3 4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in writ	ing that the assets hold in deper advis	od funde	
5	-	-		Yes No
6	are the organization's property, subject to the organization's exc Did the organization inform all grantees, donors, and donor advi			
0	for charitable purposes and not for the benefit of the donor or d			
Pa		ization answered "Yes" on Form 990 F		
1	Purpose(s) of conservation easements held by the organization		art iv, into i	•
•	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	a historically	important land area
	Protection of natural habitat	Preservation of		
	Preservation of open space		a certineu m	
2	Complete lines 2a through 2d if the organization held a qualified	concernation contribution in the form	of a concorr	ation accoment on the last
2	day of the tax year.	conservation contribution in the form		Held at the End of the Tax Year
2	Total number of conservation easements		2a	
a b				
b	Number of conservation easements on a certified historic struct	ure included in (a)		
	Number of conservation easements included in (c) acquired after			
u	listed in the National Register			
3	Number of conservation easements modified, transferred, release			during the tax
5	year	sed, extinguished, or terminated by the	sorgariizatioi	r duning the tax
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period			
Ŭ	violations, and enforcement of the conservation easements it ho			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			······ — ··· — ···
•				is notice daming the year
7	Amount of expenses incurred in monitoring, inspecting, handling	o of violations, and enforcing conserva	tion easeme	nts during the year
•	► \$			ite damig tite year
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	(h)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 99			
1 a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its revenue statement a	and balance s	sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of	public
	service, provide in Part XIII the text of the footnote to its financia	al statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 958, 1	to report in its revenue statement and	balance shee	et works of
	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furth	nerance of pu	ıblic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasu			
	the following amounts required to be reported under FASB ASC		5 , 1 10	
а	Revenue included on Form 990, Part VIII, line 1	-	►	\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 202
	10-28-21			. ,

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30 2021.04000 RODALE INSTITUTE

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): Puble exhibition Check exploit of future generations Check exploit of the organization solucitor receive donations of art, historical treasures, or other similar assets to be solid to raise tundsr ather than to be maintaid as apart of the organization accelection? Provide acception of the organization accelection? Provide acception of norm 990, Part X, Ine 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included an form 990, Part X, Ill e 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, Ill e 21. Is the organization include an anount on Form 990, Part X, Ill e 21. Is the organization include an anount on Form 990, Part X, Ill e 21. Is the organization include an anount on Form 990, Part X, Ill e 21. If the organization include an amount on Form 990, Part X, Ill e 21. If the organization include an anount on Form 990, Part X, Ill e 21. If the organization include an anount on Form 990, Part X, Ill e 21. If the organization include an anount on Form 990, Part X, Ill e 21. If the organization include an amount on Form 990, Part X, Ill e 21. If the organization include an anount on Form 990, Part X, Ill e 21. If the organization include an anopart fill (Check here If the organization	Sche	dule D (Form 990) 2021 RODALE	INSTITUTE			2	23-72	06884	Pa	ge 2				
collection terms (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	ner Simila	r Asse	ts (contini	ued)					
a Public exhibition d Loan or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant u	use of its							
b Scholarly research e Other				_										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, histocical treasures, or other similar assets to see solid to raise funds rather than to be maintained as part of the organization's collection? Yes No PertIV Excrement AC Usedoial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. Ta is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. The organization include an amount on Form 990, Part X, line 21. 11 Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 2 Dotine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 2 Dotine organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No 4 Additions of an array and trust year 10 Port Year No No 4 Stormward Year A <th>а</th> <th>Public exhibition</th> <th>d</th> <th></th> <th>hange program</th> <th></th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	d		hange program									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X2 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization includes In Part V Endowment Funds. Complete if the organization includes In Part V Endowment Funds. Complete if the organization includes In Part V Endowment Funds. Complete if the organization includes In Part V Endowment Funds. Complete if the organization includes In Part V Endowment Funds. Complete if the organization includes In Part V Endowment Funds. Complete if the organization includes In Part VI. Part VI. In Part	b	Scholarly research	e	U Other										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Yes No Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization angement. Instake, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount It Id	с	Preservation for future generations												
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. The second answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance 1d Image: Second	4			•	-		se in Par	t XIII.						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise and the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X // Exercise and the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete intermediary for escrew or custodial account is intromediary in the arrangement in Part XII. Deck here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization array is a for a form years back (e) four years back is a form years back is a part of a state, stat	5						_	-						
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year teal tending balance 0 If the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prover year to contributions 11, 662, 034, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 984, 10, 610, 981, 11, 263, 986, 457, 660, 279, 212, 4, 4, 4, 21, 985, 217, 11, 662, 034, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 984, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 984, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 984, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 984, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 984, 10, 982, 171, 9, 852, 750, 6, 132, 541, 5, 570, 560, 279, 212, 1, 6, 40, 683, 011, 982, 171, 9, 852, 750, 6, 132, 541, 5, 750, 6, 132, 541, 5, 750, 6, 132, 541, 5, 750, 6, 132, 541, 5, 750, 6, 132, 541, 5, 75														
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Ic c Beginning balance Id Amount Ic d Additions during the year Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XI inc Image: Complete if the organization answered 'Yes' on Form 990, Part X inc (0) Three years back (0) Findry years back (0) Three years back (0) Findry years back (0) Three years back (0) Findry years	Par													
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Enclowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Part X Enclowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (e) Four years black (e) Inve years black (f) Inter years black (f) Four years black (f) Inter years (f) Point years black (f) Inter years (f) Point years black (f) Inter years (f) Point years black (f) Inter years (f) Point year black (f) Inter years (f) Point year blach (f) Interyears (f) Point year black (f) Interyears (f) Point		· · ·												
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a						_	7.						
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. a Beginning of year balance Image: Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. c Other expenditures for facilities Image: Check here informatic provided on Part IV, line 10. g End of year balance Image: Check here informatic provided on Part IV, line 11, 273, 509, Image: Check here informatic provided on part Part IV informatic provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated on quasificanon on tin the possesesion of the organization that are held and							L	」 Yes		NO				
c Beginning balance 1c 1d d Additions during the year 1d 1d f Ending balance 1f 1d 2a Distributions during the year 1f 1f 1d it 1f 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Iwo years back (d) Thre years back (e) Four years back 1a Grants or scholarships 11, 662, 034, 10, 982, 171, 9, 852, 750, 4, 546, 560, 279, 212, 4 Administrative explements 12, 985, 217, 11, 662, 034, 10, 982, 171, 9, 852, 750, 6, 132, 541, 2 Provide the estimated percentage of the current year end balance (line fig. column (a)) held as: Board dosignated or quasiendowment	D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount						
d Additions during the year Id e Distributions during the year Id 1 Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ives Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Yes No b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part X, line 10. 6 (Jurgers back (e) Four years back bach (e) Fouryears (e) Four years back bach (e) Four years (e) Four		Decipning belonce				10		Amount						
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Contributions 4, 546, 550. - c No thinvestment earnings, gains, and losses 1, 934, 134. 1, 273, 509. 1, 668, 307. -368, 691. 840, 769. c Other expenditures for facilities 610, 951. 593, 646. 538, 886. 457, 660. 279, 212. f Administrative expenses 12, 985, 217. 11, 662, 034. 10, 982, 171. 9, 852, 750. 6, 132, 541. g End of year balance 12, 985, 217. 11, 662, 034. 10, 982, 171. 9, 852, 750. 6, 132, 541. g Ford of year balance 96 100, 96 - - - - - - - -	f													
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Furrey years 1a Beginning of year balance 11,662,034. 10,982,171. 9,852,750. 6,132,541. 5,570,984. b Contributions 4,546,560. 4,546,560.	2a							Yes		No				
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1a Beginning of year balance 11,662,034. 10,982,171. 9,852,750. 6,132,541. 5,570,984. b Contributions 4,546,550. 4,546,550. 4,546,550. c Net investment earnings, gains, and losses 1,934,134. 1,273,509. 1,668,307. -368,691. 840,769. d Grants or scholarships 610,951. 593,646. 538,886. 457,660. 279,212. f Administrative expenses 12,985,217. 11,662,034. 10,982,171. 9,852,750. 6,132,541. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶														
b Contributions 4,546,560. c Net investment earnings, gains, and losses 1,934,134. 1,273,509. 1,668,307. 368,691. 840,769. d Grants or scholarships		·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years b	ack				
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c Net investment earnings, gains, and losses 1,934,134. 1,273,509. 1,668,307. -368,691. 840,769. d Grants or scholarships	b	Contributions				4,54	16,560.							
e Other expenditures for facilities and programs 610,951. 593,646. 538,886. 457,660. 279,212. f Administrative expenses 12,985,217. 11,662,034. 10,982,171. 9,852,750. 6,132,541. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % c Term endowment ▶ % main designated or quasi-endowment ▶ % f Are there endowment ▶ % Term endowment ▶ % (i) Unrelated organizations			1,934,134.	1,273,509.	1,668,307.	-36	58,691.		840,7	769.				
and programs 610,951. 593,646. 538,886. 457,660. 279,212. f Administrative expenses 12,985,217. 11,662,034. 10,982,171. 9,852,750. 6,132,541. g End of year balance 12,985,217. 11,662,034. 10,982,171. 9,852,750. 6,132,541. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % % % c Term endowment ▶ % % % % ii) Permanent endowment ▶ % % % % iii) Percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ % iii) Unrelated organizations %	d	Grants or scholarships												
f Administrative expenses 12,985,217. 11,662,034. 10,982,171. 9,852,750. 6,132,541. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % c Term endowment ▶ % mb percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) Unrelated organizations	е	Other expenditures for facilities												
g End of year balance 12,985,217. 11,662,034. 10,982,171. 9,852,750. 6,132,541. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ 100 % % c Term endowment ▶ % mode percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations % (i) Unrelated organizations % 3a(ii) X ja(ii) X if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		and programs	610,951.	593,646.	538,886.	45	57,660.		279,2	212.				
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mte percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land 4, 324, 726. 4, 324, 726. b Buildings 34, 421. 32, 843. 1, 578. c Leasehold improvements 34, 421. 32, 843. 1, 578. e Other 2, 164, 682. 1, 790, 326. 374, 356.	f	Administrative expenses												
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	-				9,85	52,750.	6,	132,5	541.				
b Permanent endowment ▶ 100 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:									
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		100		_%										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (a) Cost or other 34, 324, 726. (c) Accumulated 4, 324, 726. (c) Leasehold improvements (c) Leasehold improvements (c) Accumulated 4, 324, 682. (c) Accumulated 4, 324, 326. (c														
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (iii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,324,726. 4,324,726. b Buildings 34,421. 32,843. 1,578. c Leasehold improvements 34,421. 32,843. 1,578. d Equipment 2,164,682. 1,790,326. 374,356.	с													
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 1a Land 4, 324, 726. b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (e) Cost or other (f) Cost or other (-													
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(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,324,726. 4,324,726. b Buildings 34,421. 32,843. 1,578. c Leasehold improvements 2,164,682. 1,790,326. 374,356. e Other Other 0 0 0		-							Tes					
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,324,726. 4,324,726. b Buildings 34,421. 32,843. 1,578. c Leasehold improvements 2,164,682. 1,790,326. 374,356. e Other 0ther 0ther 0ther 0ther														
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,324,726. 4,324,726. b Buildings	U A							30						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 4,324,726 4,324,726 b Buildings	Par			witherit fullus.										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land4,324,726.4,324,726.4,324,726.b Buildings				, Part IV, line 11a. S	See Form 990, Part 3	K, line 10.								
basis (investment) basis (other) depreciation 1a Land 4,324,726. 4,324,726. b Buildings								(d) Book	value					
1a Land 4,324,726. 4,324,726. b Buildings				• •	• • • • • • • • • • • • • • • • • • • •		-	(,						
b Buildings 34,421. 32,843. 1,578. c Leasehold improvements 2,164,682. 1,790,326. 374,356. e Other	1 a	Land	· ·					4,324	,72	6.				
c Leasehold improvements 34,421. 32,843. 1,578. d Equipment 2,164,682. 1,790,326. 374,356. e Other					-			-	-					
d Equipment 2,164,682. 1,790,326. 374,356. e Other				3		32,84	3.	1	,57	8.				
e Other						790,32	26.	374	,35	6.				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)														
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	X, column (B), line 1	0c.)			4,700	,66	0.				

Schedule D (Form 990) 2021

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

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) 2021

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Sche	dule D (Form 990) 2021 RODALE INSTITUTE			23-	7206884 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wi	th Revenue per R		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	14,970,429.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a	2,543,934.		
b	Donated services and use of facilities	2b	2,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-103,870.		
е	Add lines 2a through 2d			2e	2,442,064.
3	Subtract line 2e from line 1			3	12,528,365.
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	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,528,365.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			
	· · · · · · · · · · · · · · · · · · ·				
1	Total expenses and losses per audited financial statements			1	8,337,881.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	8,337,881.
-	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	2a	2,000.	1	8,337,881.
2	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 2b		1	8,337,881.
2 a	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	2,000.	1	8,337,881.
2 a b	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	2,000.	1	
2 a b	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	2,000.	1 2e	30,995.
2 a b c d	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	2,000.		
2 a b c d e	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	2,000.	2e	30,995.
2 a b c d e 3	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 4a	2,000.	2e	30,995.
2 a b c d e 3 4	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:	2a 2b 2c 2d 4a	2,000.	2e	30,995. 8,306,886.
2 a b c d e 3 4 a	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 2b 2c 2d 4a 4b	2,000. 28,995. 178,946.	2e 3 4c	30,995. 8,306,886. 178,946.
2 a b c d e 3 4 a b c 5	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 2b 2c 2d 4a 4b	2,000. 28,995. 178,946.	2e 3	30,995. 8,306,886.

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

INSTITUTE, MAINTENANCE OF THE RODALE RESEARCH CENTER AND MAINTENANCE OF

THE FOUNDER'S FARM (FORMALLY KNOWN AS THE 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

132054 10-28-21

Schedule D (Form 990) 2021

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3703___1
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Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITIONS AS DEFINED IN GAAP.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES	-178,946.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	46,081.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COGS - STORE, ORGANIC GRAIN AND ORGANIC VEGETABLES

28,995.

-103,870.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Activ	vities	0	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1					or if the		2021
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.				Open to Public
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instr	uctior	ns and	the latest informat	ion.			nspection
Name of the organizatio									ntification number
	RODALE	INSTITUTE					23-72	06	884
	complete this par	Complete if the organization answe t.	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 99	0-EZ	filers are not
1 Indicate whether th	ne organization rais	sed funds through any of the followi	ng acti	vities.	Check all that apply				
a X Mail solicita	•	· · _	•		overnment grants				
	l email solicitations			•	•				
c X Phone solic		g X Special		-	-				
d X In-person so		3 openal	ranara	aloning					
		or oral agreement with any individual	l (inclu	dina o	fficers directors tru	stees	or		
		Part VII) or entity in connection with p					X	۷۵۹	No
• • •		viduals or entities (fundraisers) pursu			-				
compensated at le	•	· /·		ayree		une iu	nuraiser is	10 0	e
	east \$5,000 by the	organization.							
			(iii)	Did		(v)	Amount pa	id	(ui) Amount noid
(i) Name and addres		(ii) Activity		Did raiser ustody	(iv) Gross receipts		r retained	by)	(vi) Amount paid to (or retained by)
or entity (fun	draiser)		or cor	ntrol of utions?	from activity		undraiser ed in col. (i)	organization
								.,	
MAVERICK STRATEGIE	-		Yes	No					
3 ST., SUITE 310,		FUNDRAISING COUNSEL		X	0.		10,0	00.	-10,000.
NORTHSTAR CONSULTI									
LLC - 51221 GOLFVI		FUNDRAISING COUNSEL		X	0.		59,5	00.	-59,500.
GRENZEBACH, GLIER									
ASSOCIATES - PO BO	X 775324,	FUNDRAISING COUNSEL		Х	0.		38,7	58.	-38,758.
			+						
		I							
Tatal				•			100 0	50	-100 250
Total		· · · · · · · · · · · · · · · · · · ·		. 💌	l	L	108,2		-108,258.
	ich the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notifie	d it is	exempt fro	om re	gistration
or licensing.									

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

rt 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-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines I and 6D. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	-					
	4	Cash prizes				
ses	5	Noncash prizes				
Expens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Pa		Net income summary. Subtract line 10 from li				
Га	rt 1	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
			() 51	(b) Pull tabs/instant	() 01	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Seve						
ш. —	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	•					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· ►	
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	· · · _	states?		Yes No
		No," explain:				-
		ere any of the organization's gaming licenses re			year?	Yes No
a	П,	Yes," explain:				
					0.1	
	22 10	D-21-21			Sche	dule G (Form 990) 2021

Schedule G	G (Form 990) 20	021	RODALE	INST	ITUTE				23	-7206	5884	Page
11 Does t	the organizatio	on conduct gar	ming activities	with non	members?					🗆	Yes	N
12 Is the	organization a	grantor, bene	ficiary or truste	e of a tri	ust, or a mer	mber of a partne	ership or oth	er entity forr	ned			
to adm	ninister charita	able gaming?								L	Yes	
13 Indicat	te the percent	age of gaming	activity condu	ucted in:								
											1	
										13 b		
14 Enter t	the name and	address of the	Person who p	orepares	the organiza	ition's gaming/s	pecial event	s books and	l records:			
Name	▶											
Addres	ss 🕨											
15a Does t	the organizatic	on have a cont	ract with a thin	d party fr	om whom th	ne organization	receives gar	ning revenue	e?		Yes	
						ation 🕨 \$		and th	e amount			
			third party			_						
c It "Yes	s," enter name	and address of	of the third par	ty:								
Name	▶											
Addres	ss 🕨											
16 Gamin	ig manager inf	ormation:										
Name	▶											
Gamin			► \$									
					_							
Descri	ption of servic	es provided	▶									
	Director/office	er		9		dependent cont	tractor					
						·						
17 Manda	atory distributi	ons:										
a Is the	organization re	equired under	state law to m	ake chari	table distrib	utions from the	gaming proc	ceeds to			1	
	the state gami	-								L	Yes	
			•			buted to other e	exempt orgai	nizations or	spent in th	e		
Part IV			es during the ta			required by Par	t L line Ob. e	olumno (iii) o		Dout III	lines 0	06 10
					-	onal information			inu (v), anu	Part III,	lines 9,	90, 10
SCHEDU	JLE G, E	PART I,	LINE 2E	8, LI	ST OF	TEN HIGH	IEST PA	ID FUN	IDRAIS	ERS:		
(I) NA	ME OF F	JUNDRAIS	SER: MAV	VERIC	K STRA	TEGIES						
											4 8	100
(I) AI	DRESS C)F FUNDF	AISER:	146	N. 3 S	T., SUIT	<u>'E 310,</u>	HARRI	SBURG	, PA	17	102
(I) NA	MEOFE		SER · NOF	סדיופיי	AR CON	SULTING	GROUP	T.T.C				
(I) AI	DRESS C)F FUNDF	\AISER:	5122	1 GOLF	VIEW CT.	, GRAN	IGER, I	IN 46	530		
(T) NZ	AME OF		TER: CRF	NZER	ACH C	LIER & A	SSOCTA	TES				
(1) 1 (2) 132083 10-21-		JUDIUNIL	<u>, , , , , , , , , , , , , , , , , , , </u>			R & <i>F</i>			Sch	edule G	(Form	990) 20
10707	793760	2702		2021	04000	37) RODALE	TNOMT	ͲͳͲͲͼ			3703	2

Schedule	G	(Form	990)

RODALE INSTITUTE

(I)	ADDR	ESS	OF	FUNDRAIS	SER:	PO	вох	775324,	CHICAGO,	IL	60677		
												Schedule G (Form	99(

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	HEDULE J Compensation Information		OMB No. 1					
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	21				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
	Attach to Form 990.			Open to Public Inspection				
_	ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identitient Iame of the organization Employer identitient Employer identitient Employer identitient							
- tan	RODALE INSTITUTE	23-72						
Pa	rt I Questions Regarding Compensation			-				
				Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990.		100				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,						
	First-class or charter travel	al use						
	Travel for companions							
	Tax indemnification and gross-up payments							
	Discretionary spending account	, chef)						
		, ,						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	n to						
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	X Compensation committee Written employment contract							
	Independent compensation consultant							
	X Form 990 of other organizations X Approval by the board or compensation cor	mmittee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?				X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X			
С	Participate in or receive payment from an equity-based compensation arrangement?		. 4c		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ו						
	contingent on the revenues of:				37			
	The organization?				X			
b	Any related organization?		. 5b		X			
~	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ו						
	contingent on the net earnings of:				v			
	The organization?				X X			
b	Any related organization?		. 6b					
_	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v			
~	not described on lines 5 and 6? If "Yes," describe in Part III		. 7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v			
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?		. 9	- 000				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul	e J (⊦orn	n 990)) 2021			

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-MIS compensation	C and/or 1099-NEC	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			reported as deferred on prior Form 990
(1) JEFF MOYER	(i)	212,607.	20,000.	0.	11,646.	15,589.	259,842.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFF TKACH	(i)	145,824.	0.	0.	8,921.	15,724.	170,469.	0.
CHIEF IMPACT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELAINE MACBETH	(i)	136,712.	0.	0.	8,334.	20,487.	165,533.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREW SMITH	(i)	122,634.	0.	0.	7,409.	20,432.	150,475.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

►

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

Open to Public Inspection Employer identification number

23 - 7206884

N	lame	of	the	organizatio	n
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RODALE INSTITUTE

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution	Method of de			
		applicable		amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion amo	ounts	;
1	Art - Works of art			, , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	346,111,	FMV ON DATE	OF 1		ЛАТ
10	Securities - Closely held stock			010,111				
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
	Qualified conservation contribution -							
13								
	Historic structures							
14 15	Qualified conservation contribution - Other							
15 16	Real estate - Residential							
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24		v	1 5					T 7 IT
25	Other (<u>SUPPLIES</u>)	X	15		FMV ON DATE			
26	Other (<u>OTHER</u>)	Х	10	108,200.	FMV ON DATE	OFI	DOI	NA.I
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz						0	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	jement 29		<u> </u>	0	
							'es	No
30a	During the year, did the organization receive by				-	1		
	must hold for at least three years from the date			-				v
	exempt purposes for the entire holding period?	?				30a	_	X
b	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
						32a		Х
b	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	cked,			
	describe in Part II.							

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132141 11-17-21

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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.

132142 11-17-21	Schedule M (Form 990) 2021
	43

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SCHEDULE O (Form 990)

(FOIII 990)



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 NINE SATELLITE LOCATIONS THROUGHOUT THE COUNTRY. FIVE OF THESE CAMPUSES ARE LOCATED IN PENNSYLVANIA AND INCLUDE AN ORGANIC FARM AT A ST. LUKE'S UNIVERSITY HOSPITAL NETWORK LOCATION, A REGIONAL RESOURCE CENTER AT POCONO RACEWAY CALLED POCONO ORGANICS, A FARM AT ACTIVE RETIREMENT COMMUNITY CORNWALL MANOR, AND THE HISTORIC RODALE INSTITUTE FOUNDERS FARM IN EMMAUS, PA. RODALE INSTITUTE ALSO HAS FOUR ADDITIONAL REGIONAL RESOURCES CENTERS, LOCATED IN IOWA, GEORGIA, ITALY, AND CALIFORNIA, WHICH OPERATE AS EDUCATIONAL AND RESEARCH HUBS IN AGRICULTURAL STRONGHOLDS THROUGHOUT THE WORLD.

OUR FARMING SYSTEMS TRIAL, INITIATED IN 1981, IS THE LONGEST-RUNNING SIDE-BY-SIDE COMPARISON OF CONVENTIONAL AND ORGANIC GRAIN CROPPING SYSTEMS IN NORTH AMERICA. OUR RESEARCH COMPARES THE NUTRIENT DENSITY, ECONOMICS, ENERGY USE, AND SOIL HEALTH OF ORGANIC AND CONVENTIONAL

FARMING TECHNIQUES, AMONG OTHER VARIABLES.

THROUGH A GRANT PROVIDED BY THE WILLIAM PENN FOUNDATION AND A PARTNERSHIP WITH STROUD WATER RESEARCH CENTER, IN 2018 WE BEGAN A SIMILAR SIDE-BY-SIDE TRIAL AT THE NATURAL LANDS TRUST STROUD PRESERVE. THE UNIQUE CHARACTERISTICS OF THIS LAND ENABLE US TO MEASURE 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 OUALITY, 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) ON OUR FARM: OUR FARM IS 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 BEGINNING FARMERS THROUGH SEVERAL INTERNSHIP PAYWAYS: OUR VETERAN FARMER TRAINING PROGRAM IS A FLEXIBLE, 2-4 MONTH PROGRAM SERVING MILITARY VETERANS, AND THE RODALE INSTITUTE FARMER TRAINING PROGRAM ALLOWS US TO TRAIN NEW FARMERS ON EVERYTHING FROM ORGANIC 132212 11-11-21 Schedule O (Form 990) 2021 45

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2021.04000 RODALE INSTITUTE
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Name of the organization

RODALE INSTITUTE

GROWING TO MARKETING AND DISTRIBUTION.

ADDITIONAL INTERNSHIPS IN COMMUNICATIONS, GARDENING, MULTIMEDIA,

LIVESTOCK, AND RESEARCH GIVE TRAINEES THE OPPORTUNITY TO FOCUS ON AN

AREA OF THEIR CHOOSING.

RODALE INSTITUTE ALSO OPERATES AN ORGANIC CONSULTING SERVICE, HELPING FARMERS ALL AROUND THE U.S. TRANSITION TO ORGANIC, AND A VIRTUAL CAMPUS OFFERING DIGITAL COURSES IN ORGANIC FARMING AND GARDENING.

(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 TEN 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, INCLUDING IN A NEW CONFERENCE FOR HEALTHCARE PRACTITIONERS.

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

MARIA RODALE, BOARD DIRECTOR AND MAYA RODALE, CO-CHAIR, HAVE A FAMILY RELATIONSHIP.

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
132212 11-11-21
16
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Schedule O (Form 990) 2021	Page 2
Name of the organization RODALE INSTITUTE	Employer identification number 23-7206884
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 POTE	NTIAL CONFLICTS ON
AN ANNUAL BASIS. THE CO-CHAIRS OF THE BOARD MONITOR THE P	OTENTIAL 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 O	THER VOTING
MEMBERS OR CO-CHAIRS. IF A CONFLICT EXISTS, THE BOARD SHA	LL ASCERTAIN ALL
MATERIAL FACTS AND DETERMINE WHETHER THE TRANSACTION IS I	N THE
ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WH	ETHER IT IS FAIR
AND REASONABLE TO THE ORGANIZATION; THE MAJORITY OF DISIN	TERESTED 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

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

FORM	990,	PART	VI,	SECTION	С,	LINE	19:
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PUBLIC AVAILABILITY OF OTHER DOCUMENTS

132212 11-11-21

Name of the organization	Er	nployer identification	Page 2 number
RODALE INSTITUTE		23-7206884	
COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANC	IAL	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 TRUS	יחי	16	,081.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERFETUAL INUS) I	40	,001.

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.

20 Open to Public Inspection

Employer identification number

23-7206884

OMB No. 1545-0047

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

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.

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

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 Part II 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	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 R	ODALE INSTITU	TE										23-7	206	884	P	Page 2
Part III Identification of Relat organizations treated a	ed Organizations Taxables a partnership during the	e as a Partr tax year.	iership. Complete i	if the organi	zation answe	ered "Ye	es" on Fori	m 990, F	Part IV, line	34, b	ecaus	e it had one o	r more	related		
(a)	(b)	(c)	(d)		(e)		(f)		(g)	1)	ר)	(i)		(j)	(k	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predomi (related	nant income , unrelated,	Share	e of total come	of total Sha		Disproportionate allocations?		Code V-UE	ox m	ieneral or Percer nanaging oartner?		ntage
		foreign country)		section	rom tax under s 512-514)	2-514)		as		Yes No		20 of Sched K-1 (Form 10	uc			
														+		
	ed Organizations Taxables a corporation or trust du			complete if t	he organizat	ion ans	wered "Ye	s" on Fo	orm 990, Pa	art IV,	line 34	4, because it h	ad one	e or mo	ore rel	ated
(a)			(b)	(c)	(d)		(e		(f)			(g)	1)	ו)	(i Sect 512(b	i)
Name, address, of related organ		(5		Legal domicile (state or foreign	(state or entity		(C corp, S corp,		Share of total b, income		end-of-year		Percenta owners	ntage ership	512(b contr enti	olled
				country)		or		or trust)			assets				Yes	No
		-			RODALE											
BENEFICIAL INTEREST IN PER	RPETUAL TRUST (1)	PASSIVE 1	INVESTMENTS	PA	INSTITUTE		TRUST		7!	5,676	5.	682,578.		100%	X	
											_					
											+					
		1			1		1		1				1			

Schedule R (Form 990) 2021 RODALE INSTITUTE

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
	Gift, grant, or capital contribution to related organization(s)	1b		X			
	Gift, grant, or capital contribution from related organization(s)	1c		X			
	Loans or loan guarantees to or for related organization(s)	1d		X			
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		Х			
g	Sale of assets to related organization(s)	1g		X			
h	Purchase of assets from related organization(s)	1h		X			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X			
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X			
	Sharing of paid employees with related organization(s)	10		Х			
р	Reimbursement paid to related organization(s) for expenses	1p		Х			
q	Reimbursement paid by related organization(s) for expenses	1q		Х			
r	Other transfer of cash or property to related organization(s)	1r		Х			
s	Other transfer of cash or property from related organization(s)	1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	A	75,676.	FMV
(3)			
(4)			
_(6)	F 4		

Schedule R (Form 990) 2021 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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	(e)	ll sec. (3) No	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tior alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti Yes	nal or uging ner?	(k) Percentage ownership

Schedule R (Form 990) 2021