## Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	Of the 2010 cale	dar year, or tax				, 2015, and e	nding			
В	Check if applicable:	C Name of organ	nization Ra	inforest	Trust		valle of a great	D Emplo	yer ide	ntification number
	Address change	Doing busines	ss as					13-	350	0609
	Name change	Number and s	treet (or P.O. b	ox if mail is not de	livered to street addres	s) i	Room/suite	E Teleph		
	Initial return	7078 Airl	lie Roa	d				(80	101	456-4930
	Final return/terminated	City or town, st	state or province	e, country, and ZIF	or foreign postal code			1 100	0)	450-4550
	Amended return	Warrenton	n			VA 201	87	G Gross	racainte	\$ 12,961,677.
	Application pending	F Name and add		al officer:		V.1. 2.0 E		is a group retur	n for sut	bordinates? Yes X N
		Paul Salam	an 7078	Airlie Roa	d Warrento	n VA 201		all subordinates o, attach a list.		
	Tax-exempt status	X 501(c)(3)	501(c) (			47(a)(1) or 5	o7 If 'No	attach a list.	(see Ins	tructions)
	Website: NW	w.rainfor			1 130	17(0)(1)(0)			instruction in	
(	Form of organization:	X Corporation	Trust	Association	Other •	L. Year of to		p exemption no	-	
Pa	rt I Summar		1 10000 1	1.000000000	Giller	L. Teal of it	manon: 19	89   IM	State of	legal domicile: VA
			ion's missic	on or most sig	nificant activities:	The mi	seine s	£ D. /	signis raw	
a	is to pr	otect thr	eatenec	rainfor	aste and t	ropical h	ssion o	I Kaini	ore:	st Trust endangered
2	wildlife	and ecos	vstems	through	the nurcha	se of ny	rate lar	ro bro	Lect	e creation,
E	communit	y engagem	ent, ir	formatio	n dissemin	ation an	d educat	ion les	serv	e creation,
Activities & Governance	2 Check this box	x F   lifthe	organization	n discontinue	tits operations of	disposed of me	re than 25%	of ite not o		
5	3 Number of vot	ing members of	f the govern	ning body (Par	t VI. line 1a)		Town Yorken		3	1
0	4 Maniper of Ind	ebendent voting	g members	or the govern	ing body (Part VI.	line 1b)		D . L & W. W.	4	1
2	5 Total number	of individuals en	mployed in	calendar vear	2015 (Part V. line	(2a)		And in on A Y	5	2
5	o Fotal number	of volunteers (e:	stimate if no	ecessary)		The same of the sa			6	10
1	/a lotal unrelated	d business reve	enue from P.	art VIII, colum	in (C), line 2	. 👼	V 20 2 2 2 3	33726	7a	0
+	b Net unrelated	business taxabl	le income fr	om Form 990	-T, line 34	<i>y</i>		· · · · · · ·	7b	0
1	0 062		السنا ملاد					Prior Year		Current Year
	8 Contributions	and grants (Part	t VIII, line 1	h)	,		0.00	5,772,6	35.	12,778,261
1	9 Program servi	ce revenue (Par	rt VIII, line 2	2g)			14 V.			
	10 Investment inc	ome (Part VIII,	column (A)	, lines 3, 4, an	d 7d)		(4.14)	42,9	55.	73,813.
	<ul><li>11 Other revenue</li><li>12 Total revenue</li></ul>	(Part VIII, colur	mn (A), line	s 5, 6d, 8c, 9d	, 10c, and 1 e).		-			975.
+	13 Grants and sin	- add lines 8 th	arough 11 (	must equal Pa	rt VIII, column (A	), line 12)		5,815,5		12,853,049.
	13 Grants and sin	mar amounts pa	ald (Panex,	, column (A).	ines 1-3)	*****	olde.	3,817,0	25.	6,754,980.
1	14 Benefits paid to	or for member	rs (Part IX,	column (A), di	ne 4)		8 N			
3					IX, column (A), li			581,7	18.	856,963.
	16 a Professional fu	ndraising fees (	(Part IX, col	lumn (A), line	11e)		24			
	b Total fundraising	ig expenses (Pr	art IX, colur	nn (D), line 2	5) >	287,60	5.			
1	17 Other expense	s (Part IX, colur	mn (A), line	s 11a-11d, 11	f-24e)			280,1	61	531,613.
	18 Total expenses	. Add lines 13-	17 (must ec	ual Part IX. c	olumn (A), line 25			4,678,9		
	19 Revenue less e	expenses. Subtr	ract line 18	from line 12				1,136,6	_	8,143,556.
8	130000									4,709,493.
1	20 Total assets (P	art X, line 16) .				NAME OF TAXABLE PARTY.	Beginni	ng of Curren		End of Year
Fund Batano	21 Total liabilities	(Part X, line 26)	)					10,2		7,798,452.
1					20	2 4 9 1 2 4 1 2	' -	A TABLE TO BE		78,850.
	t II Signature		JUDITALL INTO	21 nom me	20		* - Y-	3,018,6	61.	7,719,602.
				a Array Array V						
-		(other than officer) is	ned this return, s based on all i	including accompa information of which	anying schedules and s h preparer has any kno	latements, and to the wledge.	best of my know	ledge and belie	f, it is tr	rue, correct, and
-	penalties of perjury, I decla ite. Declaration of preparer						-		-	
-	penalties of perjury. I decla te. Declaration of preparer						- 0	8/11/16	2	
ier ople	<b>&gt;</b>		-				D			
er ple	Signature	of officer	-					ate		75.5.4.6.7.7
gr	Signature Paul		-					ate	tive	e Officer
gr	Signature Paul Type or po	of officer  Salaman  fint name and little.		Prehalod's similar	nd 21 1	and the		f Execu		
gr	Signature Paul Type or pr	of officer  Salaman int name and title. parer's name		Preparer's signa	TV A	Date	Chie	Check	]H	PTIN
grere	Signature Paul Type or pr PrintType pre	of officer  Salaman fint name and title.  parer's name  L. Fisher		Mull	UXX			f Execu	]H	
grere	Signature Paul Type or pr Print/Type pre	of officer  Salaman fint name and title. parer's name  L. Fisher  Kronze	k, Fish	er & Lor	UXX		Chie	Check self-employed	]H	PTIN
grere	Signature Paul Type or pr PrintType pre	of officer  Salaman fint name and title. parer's name  L. Fisher  Kronze	k, Fish	er & Lor	UXX		Chie:	Check	ji ]	PTIN

For	m 990 (2015) Rainforest Tr	rust			1	3-3500609	Page 2
	rt III Statement of Program			771			-
1	Check if Schedule O contains Briefly describe the organization's m	s a response or note to a	iny line in this Part	111	4 4 6 4 4 4 4 4 4 4 4		
	The mission of Rainfo	rest Trust is t	o_protect_t	threaten	ed_rainforest	s	
	and tropical habitats See Form 990, Page 2, Part III, Line	_to_protect_end	langered wi	ldlife_a	nd_ecosystems		
	See Form 930, Page 2, Part III, Line	(continued)					
2	Did the organization undertake any s	significant program service	ee during the year	richlah urana			
	Form 990 or 990-EZ?	organicality program service	co during the year	which were	not listed on the prior		
	If 'Yes,' describe these new services	on Schedule O			* * * * * * * * * * * *	Yes	X No
3	Did the organization cease conducting		nanges in how it co	nducts anue	rooren een land	П.,	
	If 'Yes,' describe these changes on S	Schedule O.	angeo in now it oc	inducts, any p	rogram services? .	Yes	X No
4	Describe the organization's program Section 501(c)(3) and 501(c)(4) orga and revenue, if any, for each program	service accomplishment	s for each of its the report the amount	ee largest pro of grants and	ogram services, as me d allocations to others	easured by expens the total expense	ses. s,
4 8	(Code:) (Expenses \$		cluding grants of	\$ 5.8	26,211.)(Reven	iue \$	0.)
	Land Purchase & Reserv	ve Creation -				· ·	<u>u.</u> ,
	This program focuses c	on the identifi	cation and	protecti	on of the		
	nignest priority lands	in the tropic	s for biodi	versity	conservation	,	
	especially rainforests	and similar t	hreatened h	abitats	Rainforest	Trust	,
	targets these areas fo	or conservation	and purcha	ses to r	ermanently ni	rotect	55555
	them. Rainforest Trus	t also works w.	ith local p	artners.	indigenous		
	communities and other	entities to est	tablish new	protect	ed areas to	include	
	groundwork activities and paperwork, and bou	such as ecolog	ical_studie	s, mappi	ng, legal rev	/iews	
	Major Accomplishments See Form 990, Page 2, Part III, Line	4a (continued)	ne declarat	ion of t	ne_3,347,005-	acre_Sierra	a
	See Femineser Lage 21, artin, Lines	4a (continued)					
46	(Code: ) (Expenses S	1,121,116. inc	cluding grants of	S 0	CO 000 1/0	~	
	Conservation and Land		sidding grants of	7 0	68,990.)(Revenu	ue \$	0.)
	Rainforest Trust focus		cture impr		of now and o		
	protected areas includ	ing guard stati	ions, fenci	na, trai	ls reforests	tion	
	management plans and p	roviding forest	guardians	and oth	er staff from	CTOUT	
	local communities to a	ssist with rain	forest pro	tection	and managemen	t.	
	In 2014, we instituted	an endowment f	fund program	n called	the sustaina	bility	
	fund for Rainforest Tr	usts program ne	eds in the	future.		==21	
				200			
			++			224230	
	10.1						EDDEC S
	(Code:) (Expenses \$		luding grants of	\$	59, 689. ) (Revenu	e \$	0.)
	Capacity Building and (	Conservation -					
15	One of Rainforest Trust	t's core philos	ophies is t	o build	capacity of	in	
	country conservation or	rganizations wi	th a missic	n_to_pro	tect_importa	nt natural.	
	habitats and biodiversi	ity. We alloca	te targetec	grants	to major par	tner	
	organizations to allow	Ior additional	_training,_	network	ng and		
1	sustainability projects	s such as eco-t	ourism				
-							
3							
		77777777569					
	Other program services. (Describe in S	Schedule O.)					
	Expenses \$	including grants of	\$	)	(Revenue \$	4	)
_	otal program service expenses	7,764,60	8.				
A		TO				-	000 /0015

# Form 990 (2015) Rainforest Trust Part IV Checklist of Required Schedules

			Yes	No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
	2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	-
	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If 'Yes,' complete Schedule C, Part I.			×
- 4	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			X
3	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .	1		X
	6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rigit to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule Part I.			x
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II			X
8	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	-		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			X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V			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.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part VI.	11a	x	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	x	
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its tot assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	al 11 c		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			X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11f	х	
12	2a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	x	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	3 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	4 a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments value at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	d 14b	X	
15			х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	-		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)			X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes.' complete Schedule G, Part II			X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.			х
				_

Form 990 (2015) Rainforest Trust

Part IV Checklist of Required Schedules (continued)

13	VOs Did the organization operate and provide the Color of	_	Yes	1.00
	20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	_	1	X
	b If "Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	)	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
2	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
2	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.		-	X
2	4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.			X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	_ ^
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
2	5 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
20				X
27		26		
28	Was the organization a party to a business transaction with one of the following godies (see Sebest 1) 1. Pod 11.	27		X
-	instructions for applicable filling thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	Х	
30	contributions? If 'Yes, complete Schedule M	30		Х
31	The state of the s	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		×
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	13.0		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 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		X
36		36		X
37		- 1		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	37	12	X
BAA	Control of the contro	Form 9	X	

# Form 990 (2015) Rainforest Trust Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check if Schedule O contains a response or note to any line in this Part V		91414	
١.	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	hansa	Yes	No
	b Enter the number of Forms W-2G included in line to Enter 0 if not applicable	-		
	c Did the organization comply with backup withholding rules for reportable narrows to resolve			
100	2a Enter the number of employees reported on Form W.3. Transmitted of Wood and Tax Office	1 c		X
	ments, filed for the calendar year ending with or within the year covered by this return 2a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	B a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	b If Yes, enter the name of the foreign country:			
	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	XSDRING	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	150		•
7		6 b		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		- 24
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	-	X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			-11
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h	SERVER I	NE SENS
	organization have excess business holdings at any time during the year?	8	200 St. 500 St. 500	X
9				
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10	Section 501(c)(7) organizations. Enter:			
18	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
4	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10417.	12a	SHOOTHING SE	STATE OF THE PARTY
1	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Note. See the instructions for additional information the organization must report on Schedule O.	13a	SUMMER PO	in the second
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
4 a	Did the organization receive any payments for indoor tanning services during the tax year?	14 a	WANTED STATES	X
t	of Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
۱A		orm 9	00 (20	1151

Form 990 (2015) Rainforest Trust 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 in Page 6 Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Yes No 11 b Enter the number of voting members included in line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 2 X Did the organization make any significant changes to its governing documents 3 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 4 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 5 X 6 X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 a X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by 7 b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 8 a X organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 86 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. X Yes b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their No operations are consistent with the organization's exempt purposes?. 10 a X 10 b b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12a to conflicts? X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12b X 12c X 13 X 15 Did the process for determining compensation of the following persons include a review and approval by independent 14 X persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 15 b X 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a b if 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 16 a X participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 16 b List the states with which a copy of this Form 990 is required to be filed > See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to State the name, address, and telephone number of the person who possesses the organization's books and records: 20 7078 Airlie Road Warrenton 20187 (800) 456-4930

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

5		1		(C	)		1	The state of the s		
(A) Name and Title	(B) Average hours per	tha	n one	(do n box,	ot che unles officer	eck more s person and a ee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza- tions below dotted fine)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) John Mitchell	0.50									
Board Chair		X		X		1	0.	0.	0.	
(2) Leslie Danoff Vice Chair	0.50	х		Х			0.	0.	0.	
(3) Sally Davidson Treas.	0.50	x		X			0.	0.	0.	
_(4)_ Dr William_Wayt_Thomas Secretary	0.50	X		x			0.	0.	0.	
(5) Edith McBean Board Member	0.50	X					0.	0.	0.	
(6) Robert Giles Board Member	0.50	X					0.	0.	0.	
_(7)_Brett_ByersBoard Member	0.50	X					0.	0.	0.	
(8) Jeffrey Zack Board Member	0.50	х					0.	0.	0.	
(9) Eric_Veach	0.50	X	Ī				0.	0.	0.	
(10) Dr. Thomas Loverjoy  Board Member	0,50	X					0.	0.	0,	
(11) Summer Chatwin Board Member	0.50	×	I				0.	0.	0.	
(12) Dr. Paul Salaman CEO	40.00			x			104,221.	0.		
(13) Malissa L Cadwallader	40.00		1	x			71,770.	0.	27,655.	
(14)		- Comment	1				11,110.	9.	6,389.	
BAA		- 1	1	_					-	

(A) Name and title	Average hours per week	verage (do not check more the box, unless person is to officer and a director/				than c	ne	(D) Reportable	(E) Reportable compensation from	(F) Estimated
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)			+			-				+
(16)			+							
(17)			+	+						
(18)							H		· ·	
(19)		H		1	=					
(20)	444-	H		-			+			
(21)			+	+			+			
(22)			+	+			+	30-10-30		
23)			+	+	-		+		104111	
(24)			+	+	7		1			
(25)			+		1		+			+
1 b Sub-total	n A							175,991.	0	34,044
d Total (add lines 1b and 1c)	to those l	sted a	abov	e) w	, ,	recei	ved	175, 991. more than \$100,00	0 00 of reportable co	34,044. ompensation
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	or trustee							compensated emp	loyee	Yes No
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the such individual.								The second section of the second		4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co.	mpensatio	n from	n an	y ur	rela uch	ted o	orgai	nization or individu	al	
ection B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization. Report compensation	d indenen	dent c	ontr	acto	are t	hat re	ocoin	red more than \$10	0.000 of	
(A) Name and business addres		110 00	10110	iui y	cai	Circi	lig vi	(B) Description of		(C) Compensation
							-			
Total number of independent contractors (including be	ut oat lie '	دا المما	al.	- 0					21/2002	
\$100,000 of compensation from the organization	ut HOL IIME	01 09	inos	e IIS	ted	abov	e) w	no received more	than	

	Check if Schedule O co.		onse of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	1 a Federated campaigns		301000				
Gra	b Membership dues						
ts.	c Fundraising events						
5	d Related organizations						
SUS.	e Government grants (contribution						
£ 1	f All other contributions, gifts, gran similar amounts not included abo	ils, and					
2 5	g Noncash contributions included in		12,747,729.				
0	h Total. Add lines 1a-1f						
e .	in rotal Add lines 14-17	M. C. P. C. C.	Business Code	12,778,261.			
E L	2 a		Business Code				
B.	b						
ice	c						
Sen	d						
E	е						
Program Service Reverue	f All other program service re	evenue					
P	g Total. Add lines 2a-2f	enterday.	414 4 8 18 18 4 4 4 1 1 1 1 1 1 1 1 1 1				
	Investment income (including other similar amounts)  Income from investment of				Ö.	0.	74,102.
	5 Royalties	The second second second second	The state of the second				
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses	-					
	c Rental income or (loss)						
	d Net rental income or (loss)	ويزايز وإداداة					
	7 a Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	108,339					
	b Less: cost or other basis						
	and sales expenses	108,628					
	c Gain or (loss)	-289					
	d Net gain or (loss)			-289.	0.	0.	-289.
Other Revenue	8 a Gross income from fundrais (not including. , \$ of contributions reported on	line 1c).					
1	See Part IV, line 18						
#	b Less: direct expenses		bl				
0	c Net income or (loss) from fu  9 a Gross income from gaming a See Part IV, line 19	activities.	ents				
	b Less: direct expenses		b				
	c Net income or (loss) from ga						
	10 a Gross sales of inventory, les and allowances	s returns	a				
	b Less: cost of goods sold	1	b				
	c Net income or (loss) from sa	les of invento	ory		war Sul	- union that he could be set to	
	Miscellaneous Revenue		Business Code				
	11a Miscellaneous rey	renue	541990	975.	975.	0.	D.
	b					67	
	C						
	d All other revenue						
	e Total. Add lines 11a-11d			975.			
	12 Total revenue. See instructi	uns		12,853,049.	975.	0.	73,813.

Form 990 (2015) Rainforest Trust 13-3

Part IX Statement of Functional Expenses

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

Do 6b,	Check if Schedule O contains a res not include amounts reported on lines 7b, 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	884,251.		general expenses	expenses
2	이 부모님이 되었다. 이 집에 이렇게 되었다면 하는데 이번 이번 이번 이번 이번 이번 때문에 되었다.	004,231.	884,251.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,870,729.	5,870,729.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	216,253.	159,286.	4,435.	52,532
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	534,549.	341,465.	50,514.	142,570.
8	Pension plan accruals and contributions (include section 401/k) and 403/b)	33373331	341,403.	30,314.	142,570.
	employer contributions)	9,375.	4,732.	1,469.	3,174.
9	Other employee benefits	42,483.	17,483.	4,658.	20,342.
10	Payroll taxes	54,303.	35,769.	4,125.	14,409.
11	Fees for services (non-employees):				
	Management				
	Legal	600.	547.	15.	38.
	Accounting	12,601.	0,	407.	12,194.
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	75,000.	60,292.	12,268.	2,440.
12	Advertising and promotion	147,357.	143,314.	4.	4,039.
13	Office expenses	117,073.	86,509.	3,768.	26,796.
14	Information technology			1	
15	Royalties				
16	Occupancy	71,473.	59,243.	9,085.	3,145.
17	Travel	37,291.	33,727.	81.	3,483.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,699.	19,312.	374.	1,013.
20	Interest				-/
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,407.	2,359.	9.	39.
	Insurance	3,630.	3,387.	62.	181.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Website	3,256	3,000.	63.	193.
b	Dues & subscriptions	38.817.	37,848.	0.	969.
C	Miscellaneous expense	1,409.	1,355.	6.	48.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	8,143,556.	7,764,608.	91,343.	287,605.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here   if following SOP 98-2 (ASC 958-720).				

_			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	101,862.	1	184,814.
	2	Savings and temporary cash investments	2,270,786.	-	6,660,481.
	3	Pledges and grants receivable, net	-1-(-1, -1, -1, -1, -1, -1, -1, -1, -1, -1,	3	0,000,101
	4	Accounts receivable, net	0.	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	13,150.	9	26,288.
	10 8	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	+3-1-30-3		20,200
	- 1	Lèss: accumulated depreciation	7,605.	10 c	11 072
	11	Investments – publicly traded securities	461,499.	11	11,073. 457,491.
	12	Investments - other securities. See Part IV, line 11	172,682.	12	451,222.
	13	Investments – program-related, See Part IV, line 11 ,	1/2,002.	13	431,222.
	14	Intangible assets		14	
	15	Other assets, See Part IV, line 11	1,300.	15	7,083.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,028,884.	16	7,798,452.
	17	Accounts payable and accrued expenses	10,223.	17	70,664.
	18	Grants payable	10,223.	18	70,004.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
63	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	<b>1</b> 8
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24), Complete Part X of Schedule D		25	8,186.
	26	Total liabilities. Add lines 17 through 25	10,223.	26	78,850.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	10/12/31		
an	27	Unrestricted net assets	917,144.	27	1,180,984.
3ai	28	Temporarily restricted net assets	2,101,517.	28	6,538,618.
5	29	Permanently restricted net assets		29	27.337.323.
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
20	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
e	33	Total net assets or fund balances	3,018,661.	33	7,719,602.
-	34	Total liabilities and net assets/fund balances	3,028,884.	34	7,798,452
BAA	7		21.0501.004.	-	Form 990 (2015)

0	rt XI Reconciliation of Net Assets	13-35006	09	Pa	age 1
1000					
1	Check if Schedule O contains a response or note to any line in this Part XI				
2	Total revenue (must equal Part VIII, column (A), line 12)	1	12,8	53,1	049.
3	Total expenses (must equal Part IX, column (A), line 25)	2	8,1	43,5	556.
4	Revenue less expenses. Subtract line 2 from line 1	3	4,7	09,4	493.
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,6	
5	Net unrealized gains (losses) on investments	. 5		-8,5	
6	Donated services and use of facilities	. 6			
8	Investment expenses	. 7			
9	Prior period adjustments	. 8			
10	Other changes in net assets or fund balances (explain in Schedule O)	. 9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1			
Pa	t XII Financial Statements and Reporting	. 10	1,1	19,6	502.
	- 1978年 - 1970年 - 19				
-	Check if Schedule O contains a response or note to any line in this Parl XII	6.000		ومالحوال	9.
4	Approvation with the control of the			Yes	No
.,	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	na			
	Separate basis Consolidated basis Both consolidated and separate basis		Self-relation		
t	Were the organization's financial statements audited by an independent accountant?			V	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a consent.	******	. 2 b	X	
	basis, consolidated basis, of both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	. 2 c	X	A STATE OF
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	jle	. 3 a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	a ddull	3 b		
BAA			Form	200 10	0451

### SCHEDULE A (Form 990 or 990-EZ)

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## 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Rainforest Trust

13-3500609 Part 1 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), by naving control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally è integrated, or Type III non-functionally integrated supporting organization.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) li organizati in your g docur	s the ion listed overning ment?	(v) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)	
	4		Yes	No			
(A)							
(B)							
(c)							
(D)						****	
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2015

## 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.)

Se	ection A. Public Support						<del></del>
Ca	lendar year (or fiscal year ginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	3.002.614	1 986 164	4 602 994	5 772 625	12,778,261.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	27,000,023.	1,000,101.	14,002,994.	3,772,633.	12, 118, 261.	28,142,668
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-					
4	Total. Add lines 1 through 3	3,002,614.	1,986,164.	4,602,994	5.772.635	12,778,261.	28,142,668.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	27,10,201.	9,616,279.
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support	Evaluation and the Company of the Co	described the secretary to the secretary				18,526,389.
Cal beg	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	3,002,614.	1,986,164.	4,602,994.	5,772,635.	12,778,261	28,142,668.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,886.	1,252.	1,919.	42,955.	73,813.	122,825.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			2/222	12,333.	(3,013.	122,025.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	431.	3,203.	0.	Ö.	975.	4,609.
11	Total support. Add lines 7 through 10						28,270,102.
12	Gross receipts from related activities	es, etc. (see instru	ctions)			12	20,210,102.
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
Sec	tion C. Computation of Pub			·			
14	Public support percentage for 2015	(line 6, column (f)	divided by line 11	, column (f))	A Annielo ( die v	14	65.53%
15	Public support percentage from 20	14 Schedule A, Pa	rt II, line 14			15	77.76%
16 a	33-1/3% support test - 2015. If the and stop here. The organization quality	ne organization did ualifies as a publici	not check the box ly supported organ	on line 13, and lin	ne 14 is 33-1/3% o	r more, check this	box   X
t	33-1/3% support test — 2014. If the and stop here. The organization q	e organization did	not chark a how a	n line 10 as 10 a	dian drings dis		
17 a	10%-facts-and-circumstances tes or more, and if the organization me the organization meets the facts-ar	st - 2015. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	
	10%-facts-and-circumstances tes or more, and if the organization mer organization meets the 'facts-and-ci	ircumstances' test,	The organization	l, check this box ar qualifies as a publi	id stop here. Explictly supported orga	ain in Part VI how t	the
18	Private foundation. If the organiza	tion did not check.	a box on line 13, 1	6a, 16b, 17a, or 17	7b, check this box	and see instruction	s
ΛΛ	The state of the s						

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

(Complete only if you checked the box on line 9 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					MM- MW	
Calendar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include				(4) 2011	(6) 2013	(i) Total
any 'unusual grants.')  2 Gross receipts from admis-						
sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
tax-exempt purpose						
4 Tax revenues levied for the organization'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			-			
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons			2			
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				W		
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) -	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						W. 1 - 1 - 1
10 a Gross income from interest, dividends, payments received on securifies 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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years, If the Form 990 is fo	r the organizatio	n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
organization, check this box and stop	c Support Pa	ercentage	****		regional cas	n a sheath a th
section C. Computation of Publi	- oabboirt	divided by line 13	column (f\)	N. Calaba N. H. A. H. A. B. B.	1451	n.
section C. Computation of Publi	ine 8, column (f)		ASSESSED AND A CO.	ALMON ALTO SELECT	15	*
15 Public support percentage for 2015 (li	ine 8, column (f) Schedule A. Par	t III. line 15.	222222	A Section 1 to 1	16	3
<ul> <li>Public support percentage for 2015 (li</li> <li>Public support percentage from 2014</li> </ul>	Schedule A, Par	t III, line 15			16	ž.
15 Public support percentage for 2015 (li 16 Public support percentage from 2014 Section D. Computation of Inves	Schedule A, Par tment Incom	t III, line 15	********			2
15 Public support percentage for 2015 (lift Public support percentage from 2014 Section D. Computation of Investigation of In	Schedule A, Par tment Incom 15 (line 10c, colu	t III, line 15	ine 13, column (f))	e en en en en en en en en	17	do a
Public support percentage for 2015 (lift Public support percentage from 2014 Section D. Computation of Investigation Investment income percentage from 2018 Investment income percentage from 2019 a 33-1/3% support tests — 2015. If the is not more than 33-1/3%, check this testing the support tests in the support test in	Schedule A, Par tment Incom 15 (line 10c, colu 014 Schedule A organization did pox and stop her	t III, line 15	ine 13, column (f)) on line 14, and line	e 15 is more than	17 18 33-1/3%, and line 1	7
15 Public support percentage for 2015 (life Public support percentage from 2014 Section D. Computation of Investigation of In	Schedule A, Par tment Incom 15 (line 10c, colu 014 Schedule A organization did ox and stop her organization did	t III, line 15	ine 13, column (f)) on line 14, and line 14 or line 14 or line 14	e 15 is more than blicly supported or	17 18 33-1/3%, and line 1 ganization 33 1/3%	₹ 7 <b>. ►</b> []

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

				Yes	No
11	1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
3	2		2		
3	a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If Yes, answer (b) and (c) below.	3a		
		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	3a		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4	a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
		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	4b		
		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	4c		
5	al	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
-3	67	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?	5b		
		Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	1	
6	a	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 illing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	D	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with egard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	D	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Wa:	Vas the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons is defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?   f 'Yes,' provide detail in Part VI	9a		
b	D	old one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the upporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
c	D	bid a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, ssets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	W	Vas the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding entain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	10a		
b	Di	id the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine thether the organization had excess business holdings.)	10Ь		
			- 1 Marie -		

Pa	Int IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		-
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	110		
	ction B. Type I Supporting Organizations	1 110		1
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Charle the Key part to the matter of that the association and to said the lateral Dark Tool distinct to the A			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test, Complete line 2 below.			
Ł	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 government entity (see instruction)	ons).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
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	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI	3a		
ь	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	3 b		

P	nedule A (Form 990 or 990-EZ) 2015 Rainforest Trust  art V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			13-35	00609 P
-	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Se		0.0		ictions. All
Se	ction A - Adjusted Net Income			(A) Prior Year	(B) Current Yea (optional)
_1	The state of the s	1	1		1,000
2	Recoveries of prior-year distributions	2	1		
3		3	1		
4		4			
5	Depreciation and depletion	5			
6		6			
7	Other expenses (see instructions)	7	+		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	+		
_		0	+		
	ction B — Minimum Asset Amount	-		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
	a Average monthly value of securities	1 a	T .		
	b Average monthly cash balances	1 b	+		
- 1	c Fair market value of other non-exempt-use assets	10	+		
	d Total (add lines 1a, 1b, and 1c)	1 d	+		
	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2	STATE OF THE PARTY		
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1		
6	Multiply line 5 by .035	6	-		
7	Recoveries of prior-year distributions	7	1		
8	Minimum Asset Amount (add line 7 to line 6)	8			
ec	tion C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		100 700 200	
2	Enter 85% of line 1	2			<del></del>
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4		(A) (A)	
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally-integrated (see instructions).		e H	supporting organization	i
AA	1 non-parallely		_		

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Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 or 990-EZ) 2015 Rainforest Trust		13-35	00609 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Section D – Distributions	upporting Organiz	ations (continued)	T
1	Amounts paid to supported organizations to accomplish exempt purpor	000		Current Year
2				
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support			
4	Amounts paid to acquire exempt-use assets		بوليد فرطيف ويجمدها فيفرون	
5	Qualified set-aside amounts (prior IRS approval required)	ولكاء بالأرقاء للاحرف فاول		
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6		الواعو عرجا فرفو فالأناف الأناف فالقالة	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ation is responsive (provi	de details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
d	From 2013			
	From 2014			
	Total of lines 3a through e	The second secon		
	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f		**	
4	Distributions for 2015 from Section D, line 7:		We are the second of the secon	
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4	The second secon		
_	Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:	No. Company		
a				
b				No.
_	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	MONOGO HORE EVILVE A TELEFICIENTE	[20] 医异乙基甲基甲基氏管 经发生经验		· · · · · · · · · · · · · · · · · · ·

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, l Page 8

Pt II Ln 10

Other Income Part II, Line 10 Description: Other income 2011: 431. 2012:

## SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

	Rainforest Trust				13-3500609	
Pa	Organizations Maintaining Donor Ad	vised Funds or	Other Similar F	unds or Ac	counts.	-
_	Complete if the organization answered				2000	
1	Total number of and of uses	(a) Donor advi	ised funds	(b) F	unds and other acc	ounts
2	Total number at end of year					
3	Aggregate value of contributions to (during year)			-		
4	Aggregate value of grants from (during year)					
*	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisorare the organization's property, subject to the organization inform all grantees, donors, and do	tion's exclusive legal	control?			No
Res	Did the organization inform all grantees, donors, and do for charitable purposes and not for the benefit of the do impermissible private benefit?	nor or donor advisor	or for any other purp	pose conferring	Yes	No
	Complete if the organization answered '					
1	Purpose(s) of conservation easements held by the orga		10 20			
	Preservation of land for public use (e.g., recreation	or education)	Emilia I		important land area	1
	Protection of natural habitat		Preservation	of a certified hi	storic structure	
2.	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a last day of the tax year.	qualified conservation	on contribution in the	form of a conse	ervation easement of	n the
					leld at the End of t	ha Tay Va
	Total number of conservation easements				leid at the Lilu of the	ILE TOX TE
	Total acreage restricted by conservation easements .				NOT THE REAL PROPERTY.	
	Number of conservation easements on a certified histor					
	Number of conservation easements included in (c) acqu			-		
ĺ	structure listed in the National Register			. 2d		
3	Number of conservation easements modified, transferre tax year ►	ed, released, extingu	ished, or terminated t		tion during the	
1	Number of states where property subject to conservation	n easement is locate	ed •			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	\$?			Yes	No
5	Staff and volunteer hours devoted to monitoring, inspect					
7	Amount of expenses incurred in monitoring, inspecting, •\$					r
	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?					No
)	In Part XIII, describe how the organization reports conseinclude, if applicable, the text of the footnote to the organization easements.	rvation easements i nization's financial st	n its revenue and exp latements that describ	ense statemen bes the organiz	nt, and balance shee ation's accounting fo	t, and or
ar	Organizations Maintaining Collections Complete if the organization answered "	s of Art, Histori Yes' on Form 99	cal Treasures, o 0, Part IV, line 8.	r Other Sim	nilar Assets.	
a	If the organization elected, as permitted under SFAS 111 art, historical treasures, or other similar assets held for p in Part XIII, the text of the footnote to its financial statem	ublic exhibition, edu	cation, or research in	tatement and b furtherance of	palance sheet works public service, provi	of de,
	If the organization elected, as permitted under SFAS 11thistorical treasures, or other similar assets held for publifollowing amounts relating to these items:	c exhibition, education	on, or research in furt	herance of pub	lic service, provide t	rt. he
	(i) Revenue included on Form 990, Part VIII, line 1				, . × \$	
	(ii) Assets included in Form 990, Part X				Þ\$	
	If the organization received or held works of art, historica amounts required to be reported under SFAS 116 (ASC	958) relating to thes	e items:			
	Revenue included on Form 990, Part VIII, line 1	*****		****	\$	
b	Assets included in Form 990 Part X	The second secon			- C	

a complime organizations accomplished	accion, and other	storical Treasures,		ssets (continued
3 Using the organization's acquisition, acceitems (check all that apply):	positin, and piner records, che	ck any of the following tha	t are a significant use of	its collection
a Public exhibition	d 🗀 Loa	an or exchange programs		
b Scholarly research	e Oth			
c Preservation for future generations				
4 Provide a description of the organization Part XIII.	s collections and explain how	they further the organization	on's exempt purpose in	
5 During the year did the organization solid		Participant and an arrangement of the second		
				Yes
Part IV Escrow and Custodial Arra line 9, or reported an amoun	t on Form 990, Part X, li	the organization ans ine 21.	wered 'Yes' on For	m 990, Part IV,
1 a Is the organization an agent, trustee, cust on Form 990, Part X?	odian or other intermediary fo	r contributions or other ass	sets not included	V-20
on Form 990, Part X?b If 'Yes,' explain the arrangement in Part X				Yes 1
		table.		Amount
c Beginning balance			. 1c	Aniount
d Additions during the year			. 1d	
e Distributions during the year			. 1e	
f Ending balance.			16	
2 a Did the organization include an amount or	Form 990 Part X line 21 for		. 1f	7"-1"
b If 'Yes,' explain the arrangement in Part X	III. Check here if the explanation	on has been provided on F	ant liability?	Yes
Part V Endowment Funds. Comple	te if the organization an	swered 'Yes' on Forn	n 990, Part IV, line	10.
(a)	Current year (b) Prior year	ar (c) Two years back		(e) Four years bac
1 a Beginning of year balance				1
b Contributions				
c Net investment earnings, gains, and losses				8
d Grants or scholarships			+	+
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance	urrent year end halanna (line t	g column (a)V hald an		
g End of year balance	irrent year end balance (line 1	g, column (a)) held as:		
g End of year balance	irrent year end balance (line 1	g, column (a)) held as:		
g End of year balance	prrent year end balance (line 1	g, column (a)) held as;		
g End of year balance	- 1960 - 1960	g, column (a)) held as;		
g End of year balance	§ sould equal 100%.			
g End of year balance	ould equal 100%.	t are held and administered		Yes No
g End of year balance  2 Provide the estimated percentage of the cua Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c sh  3 a Are there endowment funds not in the poss organization by:  (i) unrelated organizations	ould equal 100%.	t are held and administered		Yes No
g End of year balance  2 Provide the estimated percentage of the cua Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c shall a Are there endowment funds not in the poss organization by:  (i) unrelated organizations  (ii) related organizations	ould equal 100%.	t are held and administered		. 3a(i)
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g End of year balance  2 Provide the estimated percentage of the cual Board designated or quasi-endowment  b Permanent endowment  c Temporarily restricted endowment  The percentages on lines 2a, 2b, and 2c sh  3 a Are there endowment funds not in the poss organization by:  (i) unrelated organizations  (ii) related organizations  b If 'Yes' on line 3a(ii), are the related organiz  4 Describe in Part XIII the intended uses of the	ession of the organization that	t are held and administered		. 3a(i)
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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		· ·
Closely-held equity interests		
Other		
Unsecured Consumer Credit Loan Notes	451,222.	FMV
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tal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	451,222.	
Investments - Program Related.	as' on Form 000 I	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
1)	(b) book value	(c) Welfield of Valuation. Cost of elia-of-year market va
2)		
(3)		
(4)		
(5)		
(6)		
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(8)		
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) • art IX Other Assets. Complete if the organization answered 'Ye	es' on Form 990, F	Part IV, line 11d. See Form 990, Part X, line 15.
art IX  Other Assets. Complete if the organization answered 'Ye (a) Description		Part IV, line 11d. See Form 990, Part X, line 15.
art IX Other Assets. Complete if the organization answered 'Ye (a) Description (2)		
art IX Other Assets. Complete if the organization answered 'Ye (a) Description (2)  (3)		
art IX Other Assets. Complete if the organization answered 'Ye (a) Descri(2)  (3)  (4)		
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Part VI Reconciliation of Povenius per Audited Financial Control Will D	13-330	0009 rage
Part XI Reconciliation of Revenue per Audited Financial Statements With Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	evenue per Return.	
1 Total revenue, gains, and other support per audited financial statements		12,844,497.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		12,011,131.
a Net unrealized gains (losses) on investments	-8,552.	
b Donated services and use of facilities	0/332.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	-8,552
3 Subtract line 2e from line 1	3	12,853,049.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		12,000,049.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,853,049.
Part XII Reconciliation of Expenses per Audited Financial Statements With Ex	ynenses ner Retur	12,000,049.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12	a,	
1 Total expenses and losses per audited financial statements		8,143,556.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1		8,143,556.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		0,145,350.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		8,143,556.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

The organization is exempt from income taxes under Internal Revenue Code 501(c)(3) and applicable state statutes. No provision for income taxes is required at December 31, 2015, as the Organization had no net unrelated business income. The organization follows FASB ASC 740 Income Taxes the authoritative guidance relating to accounting for uncertainty in income taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions for the year ended December 31, 2015, and determined that there were no matters that would require recognition in the financial statements or which may have any affect on its tax-exempt status. As of December 31, 2015, the statute of limitations for tax years 2012 through 2014 remains open with federal and state authorities.

Pt X, Line 2

Part XIII Supplemental Information.

### SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Rainforest Trust

at www.irs.gov/form990. Inspectio

13-3500609

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	The same of the sa		A second		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, Investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) South America	0.	0	grantmaking	grants to recipients	4,478,914.
(2) Europe	Ö	0	grantmaking	grant to recipient	83,070.
(3) Sub-Saharan Africa	0	0	grantmaking	grant to recipient	429,613.
(4) South Asia	0	0	grantmaking.	grant to recipient	301,701.
(5) North America	0	0	grantmaking	grant to recipient	50,000.
(6) East Asia and Pacific	0	0	grantmaking	grant to recipient	527,341.
(7)			7)		
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total	0	0			5,870,639.
b Total from continuation sheets to Part I					218.21233.
BAA For Paperwork Reduction A	0	0			5,870,639.

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

Schedule F (Form 990) 2015

Rainforest Trust

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	Africa Program support	74,045.	check/wire	0.	N/A	Actual
(2)		Sub-Sanaran Africa	Program support	120,000.	check/wire	0.	N/A	Actual
(3)		Sub-Saharan Africa	Program support	187,500.	check/wire	0.	N/A	Actual
(4)		Sub-Saharan Africa	Program support	13,662.	check/wire	0.	N/A	Actual
(5)		Sub-Sandran Africa	Program support	34,406.	check/wire	0.	N/A	Actual
(6)		South Asia	Program support	75,000.	check/wire	0	N/A	Actual
(7)		South Asia	Program support	46,651.	check/wire	0,	N/A	Actual
(8)		South Asia	Program support	13,050.	check/wire	0.	N/A	Actual
(9)		South Asia	Program support	125,000.	check/wire	.0	N/A	Actual
(10)		South Asia	Program support	42,000.	check/wire	0.	N/A	Actual
(14)		Sast Asia and Parific	Progrem support	527,341.	check/wire	0	N/A	Actual
[12]		Europe	Program support	37,500.	check/wire	0.	N/A	Actual
(13)		Europe	Program support	45,570.	check/wire	0.1	N/A	Actual
(14)		North America	Progrem support	50,000.	check/wire	0.0	N/A	Actual
(16)		South America	Program support	100,884.	check/wire	0. 1	N/A	Actual
(16) South America Program Support 7,		South America Program support	Program Support	7,682.	Check/wira	C	2	

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

3 Enter total number of other organizations or entities. BAA Schedule F (Form 990) 2015

Schedule F Cont (Form 990) 2015 Rainforest Trust

1 (a) Name of organization	/httpc.code	White and Assistance to Organizations or Entities Outside the United States. (Schedule F (Form	tions or Entitle	s Outside the U	nited States. (S	chedule F (Form	990), Part II,	line 1)
	(b) INS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) De of no assi	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Program support	280,000.	check/wire	0.	N/A	Actual
		South America	Program support	649,936.	check/wire.	0.	N/A	Actual
		South America	Program support	137,776.	check/wire	0.	N/A	Actual
		South America	Program support	190,586.	check/wire	0.	N/A	Actual
		South America	Program support	1,276,063.	check/wire	.0	N/A	Actual
Tokania.		South America	Program support	11,964.	check/wire	0.	N/A	Actual
THE PARTY OF THE P		South America	Program support	40,000.	check/wire	0.	N/A	Actual
		South America	Program support	31,600.	check/wire	0.	N/A	Actual
		South America	Program support	1,539,069.	check/wire	0.	N/A	Actual
		South America	Program support	182,779.	check/wire	.0	N/A	Actual
		South America	Program support	24,250.	check/wire	.0	N/A	Actual
		South America	Program support	6,325.	check/wire	0.	N/A	Actual
	1							
distriction								
			TEEA3602 05/27/15					

Schedule F (Form 990) 2015 Rainforest Trust

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2015 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA  $\epsilon$ (2) (3) (4) (2) (9) 0 6) (10) (11) (12) (8) (13) (14) (15) (16) (11)

Sche	edule F (Form 990) 2015 Rainforest Trust	3-3500609	Page
Pal	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	· · · · □Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).	· · · · · Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	··· Ves	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	, , . Yes	X No
	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865).	Yes	X No
	Did the organization have any operations in or related to any boycotting countries during the tax year? If Yes, 'the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	· · · Tyes	X No
BAA	TEEA3505 05/27/15	Schedule F (Fo	rm 990) 2015

## Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 2

RFT complies with expenditures responsibility requirements, and requires all grant recipients to submit complete narrative and financial reports to account for all funds granted.

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2015

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

No Employer Identification number X 13-3500609 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Rainforest Trust
Part | General Information on Grants and Assistance Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

(4) Emphibian Survival Allian  7078 Airlie Road  Warrenton VA 20187  (2) Global Wildlife Conservan  PO Box 129  Austin TX 78767  (3) Wildlife Conservation Soc  444 N Capitol St., NW  Washington DC 20001  (4) Turtle Conservancy  1794 McNeil Road  Olai CA 93023  (5) Woodland Park 70010010	6,321.		
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	100,000.		Frogram Suppor
			riodiam suppor
	548.464		Frogram Suppor
5500_Phinney_Ave. N	, c		Frogram Suppor
1 1			Program Suppor
[8]			

Schedule I (Form 990) (2015)

TEEA3901 11/04/15

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

(f) Description of non-cash assistance Schedule I (Form 990) (2015) Rainforest Trust

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book FMV. appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance m 2 9

RFT requires all grant recipients to submit complete narrative and financial reports to account for Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Pt I Line 2

TEEA3902 11/04/15

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Noncash Contributions**

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

Attach to Form 990.

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

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open To Public Inspection

Schedule M (Form 990) (2015)

Employer identification number

Ra	inforest Trust			13-	-35006	09		
Pa	rt I Types of Property			Jan. I Mari				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Methonicas	(c hod of c h contri	determin	ning imounts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art — Fractional interests							
4	Books and publications	1						
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes	111						
8	Intellectual property				1			
9	Securities - Publicly traded	X	13	108,628.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests.							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate - Residential							_
16	Real estate - Commercial							
17	Real estate - Other , ,							
18	Collectibles			***************************************				
19	Food inventory	7						
20	Drugs and medical supplies			III Western				
21	Taxidermy							
22	Historical artifacts		***					_
23	Scientific specimens							
24	Archeological artifacts		71					
25	Other • () .						-	-
26	Other ( )					-		
27	Other ( ) :							
28	Other ( ) .							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A	during the tax cknowledger	x year for contributions for	or which the	29			
							Yes	No
30a	During the year, did the organization receive by contrit must hold for at least three years from the date of the for exempt purposes for the entire holding period?	ne initial conti	ribution, and which is no	t required to be used		30 a		X
b	If 'Yes,' describe the arrangement in Part II.					30 8		^
	Does the organization have a gift acceptance policy to	hat requires t	the review of any non-sta	andard contributions?		31		X
	Does the organization hire or use third parties or relat noncash contributions?	ted organizat	ions to solicit, process, o	or sell				×
h	If 'Yes,' describe in Part II.				2 255 11 2	32.8		^
	If the organization did not report an amount in column describe in Part II.	(c) for a type	e of property for which co	olumn (a) is checked,				

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public Inspection

Rainforest Trust	Employer identification number 13-3500609 .
	The Board reviews the Form 990 and receives comments before the form is
Pt VI, Line 11b	filed.
	The Board is asked regularly to disclose to the others on the Board
	their business and personal interest to determine if there are any
Pt VI, Line 12c	conflicts.
	The compensation process for the Executive Director and other key employees is determined by non-profit coordinating agencies. The pay range is set by compensation rates for comparable positions for non-profit organizations in the region of hire; other factors considered include: training experience, past performance and performance
Pt VI, Line 15a	evaluations.
Pt VI, Line 15b	See note above Part VI, Line 15a.
	The organization's Form 990 is available on other websites as well as
Pt VI, Line 19	our own website. Other governing documents are available upon request.

Rainforest Trust 13-3500609

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

through the purchase of private lands, reserve creation, community engagement, information dissemination, and education.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4a (continued)

del Divisor National Park in Peru represents the single largest conservation success in Rainforest Trust's history; b) the creation of teh 168,032-acre Class I Kuamut Forest Reserve in Borneo; c) the creation of two ecological concessions totaling 110,011 acres in Sumatra; d) the creation of seven new Protected Areas totaling 74,816 acres in Madagascar; e) the creation of the 20,558-acre Ankaratra massif Reserve also in Madagascar; f) the purchase of 4,922 acres to expand the El Jaguar Reserve in Amazonia Columbia; and g) the purchase of a 2,280-acre property to create the San Isidro Amphibian Conservation Reserve.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

New York
Ohio
Virginia
California

(Rev January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

Information about Form 8868 and its instructions is at www.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension	complete ont	Part I and check this box		¥ 1
F	o a manual first Matolifatici 3.	WOUTH EXTENSIO	n complete only Dead II /	- 11-2 11-2 12-2 - 12-2 12-	
Electronic corporation request an Associated	mplete Part II unless you have already been of filing (e-file). You can electronically file Form nequired to file Form 990-T), or an additional (extension of time to file any of the forms listed with Certain Personal Benefit Contracts, which is the form, visit www.irs.gov/efile and clicing of this form, visit www.irs.gov/efile and clicing.	granted an autom 8868 if you need not automatic) 3 in Part I or Part	natic 3-month extension on a previously file if a 3-month automatic extension of time to i-month extension of time. You can electron il with the exception of Form 8870. Informa	ed Form 8868.	
Part I		The second second second	- The Comprones.		
A corporati	Automatic 3-Month Extension of	Time. Only si	ubmit original (no copies needed).		
All other co	on required to file Form 990-T and requesting a prporations (including 1120-C filers), partnership returns.	os, REMICs, and	trusts reput use Form 7004 to request an e	olete Part I only . extension of time to	o file
Type or	Name of exampl organization or other filer, see instruction	s. 00	U since o inch	Employer identificat	on number (EIN) or
print	Ph. 1 - P. 1 - S. 2 - S	(			
File by the	Rainforest Trust  Number, street, and room or suite number. If a P.O. box, s	9		13-350060	q
due date for		ee instructions.		Social security numb	
filing your return. See	7078 Airlie Road City, town or post office, state, and ZIP code. For a foreign	Zadato, con por			
instructions.	Warrenton	address, see instructi	ons,		
	Marteneon			VA 20	187
Enter the Re	eturn code for the return that this application is	for (file a separat		* t t t t t t t t t t t t	01
ls For		Return Code	Application Is For		Return Code
Form 990-BI	Form 990-EZ	01	Form 990-T (corporation)		07
Form 4720 (		02	Form 1041-A		08
Form 990-PI		03	Form 4720 (other than individual)		09
	(section 401(a) or 408(a) trust)	04	Form 5227		10
orm 990-T	(trust other than above)	05	Form 6069		11
DITT 000-1	(irust otiler trian above)	06	Form 8870		12
If the org  If this is for the extending the	anization does not have an office or place of but or a Group Return, enter the organization's four a box. If it is for part of the group, sion is for.  If it is for part of the group, sion is for.  If an automatic 3-month (6 months for a corporate of the group), and the group of the group o	check this box ation required to	ted States, check this box	and the second of the second	
- M	tax year beginning 20 _	and anding	00		
2 If the ta	x year entered in line 1 is for less than 12 monthinge in accounting period	ns, check reason		al return	
3 a If this ap	oplication is for Forms 990-BL, 990-PF, 990-T, 2ndable credits. See instructions	1720, or 6069, er	ter the tentative tax, less any	3 a Ş	
b If this ap	plication is for Forms 990-PF, 990-T, 4720, or enents made. Include any prior year overpaymen	2060 onto-	E. A. C.	365	0.
c Balance	due. Subtract line 3b from line 3a. Include you Electronic Federal Tax Payment System). See		3. L.C	3=	0.
ution. If you	are going to make an electronic funds withdra	wal (direct debit)	with this Form 8868, see Form 8453 FO	3 c   \$	0.

C

# Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2015, or fiscal year beginning	 . 2015, and ending	. 20

OMB No. 1545-1878

Internal Revenue Service Name of exempt organization	► Do not send to the IRS. Keep for your records.  ► Information about Form 8879-EO and its instructions is at www.irs.gov/form88.	879eo.	2015
	I Ea	mployer identific	ation number
Rainforest Trust		3-350060	
Paul Salaman	1.4	2 220000	13
Part I Type of Date	rn and Return Information (A/L-I-D-W	cer	
Theck the box for the beauti			
	for which you are using this Form 8879-EO and enter the applicable amount, if any, from 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, o not complete more than 1 line in Part I.	n the return. I was blank, th , then enter -	f you hen 0- on
2 a Form 990-F7 check by	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	12 853 0/
3 a Form 1120-POL check			12,033,04
4 a Form 990-PF check he	1   1   1   1   1   1   1   1   1   1		
5 a Form 8868 check here	an based on investment income (Form 990 DE Doet VII III and	200	
Ja i om book check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Doolareties			
nder populies of	nd Signature Authorization of Officer  declare that I am an officer of the above organization and that I have examined a copy of the anyling schedules and statements and to the best of my knowledge and belief, they are to		
ganization's federal taxes o	nent of receipt or reason for rejection of the transmission, (b) the reason for any delay in p y refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to ) entry to the financial institution account indicated in the tax preparation software for payr wed on this return, and the financial institution to debit the entry to this account. To revoke ancial Agent at 1-888-353-4537 polater than 2 besides the entry to this account.	o initiate an e	electronic
ganization's federal taxes o ntact the U.S. Treasury Fin thorize the financial institut swer inquiries and resolve ganization's electronic retur ficer's PIN: check one bo	contry to the financial institution account indicated in the tax preparation software for payr wed on this return, and the financial institution to debit the entry to this account. To revoke the sancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle insured in the processing of the electronic payment of taxes to receive confidential in and, if applicable, the organization's consent to electronic funds withdrawal.  **Confy**  **Confy**  **Eisher**  **Lone**  **Pisher**  **Pisher**	o initiate an e ment of the le a payment, ement) date, information n my signature	lectronic I must I also ecessary to for the
ganization's federal taxes o ntact the U.S. Treasury Fin thorize the financial institut swer inquiries and resolve ganization's electronic retur ficer's PIN: check one bo	control to the financial institution account indicated in the tax preparation software for payr wed on this return, and the financial institution to debit the entry to this account. To revoke ancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle insured in the processing of the electronic payment of taxes to receive confidential in and, if applicable, the organization's consent to electronic funds withdrawal.  **Example 1. **Lope 2.** PLLC**  **Example 2.** The content of the enter my PIN 1.**  **Example 2.** The content of the enter my PIN 1.**  **Example 3.** The enter my PIN 1.**  **Example 3.** The enter my PIN 1.**  **Example 3.** The enter my PIN 1.**  **Example 4.** The enter my PIN 1.**  **Example 5.** The enter my PIN 1.**  **Example 6.** The enter my PIN 1.**  **Example 6.*	o initiate an e- whent of the ite a payment, ement) date, information no my signature	Ilectronic I must I also ecessary to for the as my signature
ganization's federal taxes of ontact the U.S. Treasury Fin thorize the financial institut swer inquiries and resolve ganization's electronic returnicer's PIN: check one both authorize Kronzek on the organization's tax y a state agency(ies) regulation the return's disclosure con	control of the financial institution account indicated in the tax preparation software for payr wed on this return, and the financial institution to debit the entry to this account. To revoke ancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle insulations involved in the processing of the electronic payment of taxes to receive confidential in and, if applicable, the payment. I have selected a personal identification number (PIN) as mand, if applicable, the organization's consent to electronic funds withdrawal.  **Confy**  **ERO firm name**  **ERO firm name**  **Tester & Lopez, PLLC**  **ERO firm name**  **Tester five do not entry that a copy of the return characteristic payment. I also authorize the aforementioned Essent screen.	o initiate an evenent of the idea payment, ement) date, information not my signature  1.3350  venumbers, but enter all zeros  return is being ERO to enter	Ilectronic I must I also ecessary to for the as my signature ing filed with my PIN on
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ganization's federal taxes of intact the U.S. Treasury Finithorize the financial institut swer inquiries and resolve ganization's electronic returnicer's PIN: check one book an authorize Kronzek on the organization's tax y a state agency(ies) regulation the return's disclosure con As an officer of the organization return program, I will enter my PI er's signature	control of the financial institution account indicated in the tax preparation software for payr wed on this return, and the financial institution to debit the entry to this account. To revoke ancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle insured in the processing of the electronic payment of taxes to receive confidential in an and, if applicable, the organization's consent to electronic funds withdrawal.  **Confy**  **Confy**  **ERO firm name**  **Tener & Lopez, PLLC**  **ERO firm name**  **Tener five do not enter my PIN**  **In an account to the interest my PIN**  **In an account to the interest my PIN**  **In a copy of the interest my PIN**  **In a copy of the interest my PIN**  **In a copy of the return is being filled with a state agency(ies) regulating charities as part in the return's disclosure consent screen.  **Date ***  **Date **  *	o initiate an evenent of the week a payment, ement) date, information numy signature 13350  venumbers, but enter all zeros return is bein ERO to enter	I must I also ecessary to for the as my signatur og filed with my PIN on
ganization's federal taxes of the U.S. Treasury Fin thorize the financial institut swer inquiries and resolve ganization's electronic returnicer's PIN: check one both authorize Kronzek on the organization's tax y a state agency(ies) regulation the return's disclosure confidicated within this return program, I will enter my PI er's signature critical control of the organization of the	control of the financial institution account indicated in the tax preparation software for payr wed on this return, and the financial institution to debit the entry to this account. To revoke ancial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settle ions involved in the processing of the electronic payment of taxes to receive confidential in size a related to the payment. I have selected a personal identification number (PIN) as mand, if applicable, the organization's consent to electronic funds withdrawal.  **Confy**  **Confy**  **Confy**  **Enter & Lopez, PLLC**  **Enter five do not enter my PIN**  **Enter five do not enter my PIN as pay signature on the organization's tax year 2015 electronical that a copy of the return is being filed with a state agency(ies) regulating charities as part on the return's disclosure consent screen.  **Date **D8/11/2016**  **Part of the payment of the payment (settle payment (settle payment) (settle payme	o initiate an evenent of the week a payment, ement) date, information numy signature 13350  venumbers, but enter all zeros return is bein ERO to enter	I must I also ecessary to for the as my signature org filed with my PIN on
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BAA For Paperwork Reduction Act Notice, see instructions.

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