### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

Bosset   Column of organization controls   D Employer Identification number	А	For the	e 20 is calendar year, or tax year beginning and	enaing		
Control business as   1.3-3500609	В	Check if applicabl	C Name of organization		D Employer identifi	cation number
Number and street of Pd. Not if mall is not delivered to street address)   Room/Sulfo   Room/S						
		Name chang	Doing business as		13-3	500609
City or town, state or province, country, and 2IP or foreign postal code    Annexisted   Annexis				Room/suite		
MARRENTON, VA 20187   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame and address of principal officer: PAUL SALAMAN   SAME AS C ABOVE   Fame a	_	termin				
Warrier and address of principal officer PAUL SALAMAN   High is this a group return for subordinates?   Yes   X No SAME AS C ABOVE   High are and address of principal officer PAUL SALAMAN   High is this a group return for subordinates included   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of principal officer PAUL SALAMAN   High are and address of the governing body (Part V, line 1)   Lyse of Internation: 198   Mistage dependent officer PAUL SALAMAN   High are and address of the governing body (Part V, line 1)   Lyse of the assets.   To PROTECT THREATENED RAINFORESTS AND ENDANGERED WILDLIFE.   To The American Salaman   Lyse of the assets of the governing body (Part V, line 1)   Lyse of Internation: 198   Mistage dependent voting members of the governing body (Part V, line 1)   Lyse of Internations of the state of the address of the governing body (Part V, line 1)   Lyse of Internations of the state of the address of the address of the state of the address of the address of the state of the address	Г	Amen				
SAME AS C ABOVE   Tax exempt status	F	return	WARRENION, VA 2010/		1	
Tax-exempt status:		tion pendir				
J Website: ► WIWW - RATINFORESTTRUST - ORG  **Form of organization** La Corporation** La Trust** La Association** Under the organization** La Corporation** La		•			1 ' '	
Name of corganization				or 527	If "No," attach a	list. (see instructions)
Part   Summary						
1   Briefly describe the organization's mission or most significant activities: THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED RAINFORESTS AND ENDANGERED WILDLIFE.    2   Check this box   Lift the organization discontinued its operations or disposed of more than 25% of its net assets.     3   1.4   Aumber of voting members of the governing body (Part VI, line 1a)   3   1.4     4   Number of independent voting members of the governing body (Part VI, line 1b)   4   1.4     5   Total number of individuals employed in calendar year 2018 (Part VI, line 2a)   5   5.0     6   1.14   7a   Total unrelated business revenue from Part VIII, column (C), line 12   7a   0.     5   Total unrelated business tevenue from Part VIII, column (C), line 12   7a   0.     6   Total unrelated business tevenue (Part VIII, line 1th)   Prior Year   Current Year   20.967, 870.   47,839,752.     8   Contributions and grants (Part VIII, line 1th)   Prior Year   Current Year   20.967,870.   47,839,752.     8   Contributions and grants (Part VIII, line 1th)   Prior Year   Current Year   20.967,870.   47,839,752.     9   Program service revenue (Part VIII, column (A), lines 13.   1.144,332.     10   Investment income (Part VIII, column (A), lines 13.   1.144,332.     11   Other revenue (Part VIII, column (A), lines 3, 4, and 7d)   268,773.   1,144,332.     13   Grants and similar amounts paid (Part IX, column (A), line 11)   21,236,643.   48,984,084.     13   Grants and similar amounts paid (Part IX, column (A), line 12)   21,236,643.   48,984,084.     14   Benefits paid to or for members (Part IX, column (A), lines 1-3)   1,004,082.   10,388,820.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 15-10)   2,216,945.   2,793,288.     16a   Professional fundraising dees (Part IX, column (A), line 25)   1,055,538.   1,054,094.   1,341,379.     15   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,055,538.   1,055,621.   14,523,487.     19   Pert II   Signature Block   1,054	K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1989	<b>v</b> State of legal domicile: <b>VA</b>
The transfer of the transfer of the governing body (Part VI, line 1a)   3   1.4	P					
The transfer of the transfer of the governing body (Part VI, line 1a)   3   1.4	_	1	Briefly describe the organization's mission or most significant activities: ${ m THE}$	MISSIC	N OF RAINFO	REST TRUST
B Net unrelated business taxable income from Form 990-T, line 38	ĕ		IS TO PROTECT THREATENED RAINFORESTS AND	ENDAN	GERED WILDL	IFE.
B Net unrelated business taxable income from Form 990-T, line 38	'n	9	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net a	ssets
B Net unrelated business taxable income from Form 990-T, line 38	Š	1	·		I	
B Net unrelated business taxable income from Form 990-T, line 38	ၓ					
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B Net unrelated business taxable income from Form 990-T, line 38	₹		* *************************************			
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 1te) 18 Total expenses (Part IX, column (A), line 1te) 19 Revenue less expenses (Part IX, column (A), line 1te) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labsilities (Part X, line 26) 22 Total labsilities (Part X, line 26) 23 Total labsilities (Part X, line 26) 24 Total labsilities (Part X, line 26) 25 Jinature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primit Type preparer's name Syettlana CheBakina Preparer  Proparer  Proparer's signature Primits admentation of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primits ame HALT, BUZAS & POWELL, LTD. Firm's admentation of preparer signature Firm's admentation of preparer signature Firm's ame HALT, BUZAS & POWELL, LTD. Firm's admentation of (703) 836-1350	Ş					
8   Contributions and grants (Part VIII, line 1h)   20,967,870   47,839,752   9   Program service revenue (Part VIII, line 2g)   0   0   0   0   0   0   0   0   0		b	Net unrelated business taxable income from Form 990-1, line 38	······		
9						
1	enne					
1						
1	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   10,004,082.   10,388,820.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0.   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,216,945.   2,793,288.     16   Total fundraising expenses (Part IX, column (A), line 11e)   0.   0.     17   Other expenses (Part IX, column (D), line 25)   1,055,538.     17   Other expenses (Part IX, column (D), line 25)   1,055,538.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   13,155,621.   14,523,487.     18   Revenue less expenses. Subtract line 18 from line 12   934,594.   1,341,379.     18   Total assets (Part X, line 16)   25,112,302.   34,460,597.     20   Total assets (Part X, line 16)   25,112,302.   59,582,601.     21   Total liabilities (Part X, line 26)   29,538.   165,139.     22   Net assets or fund balances. Subtract line 21 from line 20   25,082,764.   59,417,462.     Part II   Signature Block   Part X, line 26   25,082,764.   59,417,462.     Part II   Signature Block   Part X, line 26   26,082,764.   59,417,462.     Part II   Signature Block   Part X, line 26   26,082,764.   59,417,462.     Part II   Signature Block   Part X, line 26   Part X, line 27   Part X, line 28   Part X, line 29   Part	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2, 216, 945.   2,793, 288.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0.   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   0.   0.     16   Professional fundraising expenses (Part IX, column (D), line 25)   1,055,538.     17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   934,594.   1,341,379.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   13,155,621.   14,523,487.     19   Revenue less expenses. Subtract line 18 from line 12   8,081,022.   34,460,597.     19   Revenue less expenses. Subtract line 18 from line 12   8,081,022.   34,460,597.     20   Total assets (Part X, line 16)   25,112,302.   59,582,601.     21   Total liabilities (Part X, line 26)   29,538.   165,139.     22   Net assets or fund balances. Subtract line 21 from line 20   25,082,764.   59,417,462.     Part II   Signature Block   Signature Block   Date   Dat		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,216,945.   2,793,288.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,004,082.	10,388,820.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   2,216,945.   2,793,288.     16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   0.   0.   0.   0.   1.055,538.   1.051,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,538.   1.055,621.   1.055,621.   1.055,621.   1.055,621.   1.055,621.   1.055,621.   1.055,621.   1.055,621.   1.055,621.   1.052,3487.   1.058,081,022.   34,460,597.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,022.   1.058,081,081,081,081,081,081,081,081,081,08	ģ	15			2,216,945.	2,793,288.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  25 , 112 , 302 . 59 , 582 , 601 .  29 , 538 . 165 , 139 .  29 , 538 . 165 , 139 .  29 , 538 . 165 , 139 .  20 Total assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  21 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  PAUL SALAMAN, CEO  Type or print name and title  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer's signature  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer's signature  Firm's name HALT, BUZAS & POWELL, LTD.  Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR  ALEXANDRIA, VA 22314  Phone no. (703) 836-1350	JSe	16a			0.	
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  25 , 112 , 302 . 59 , 582 , 601 .  29 , 538 . 165 , 139 .  29 , 538 . 165 , 139 .  29 , 538 . 165 , 139 .  20 Total assets or fund balances. Subtract line 21 from line 20  20 Net assets or fund balances. Subtract line 21 from line 20  21 Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  PAUL SALAMAN, CEO  Type or print name and title  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer's signature  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer's signature  Firm's name HALT, BUZAS & POWELL, LTD.  Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR  ALEXANDRIA, VA 22314  Phone no. (703) 836-1350	ē	l b	Total fundraising expenses (Part IX, column (D), line 25) 1,055,5	38.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12  8 , 081, 022. 34, 460, 597.  8 eginning of Current Year End of Year 25, 112, 302. 59, 582, 601. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Paul SALAMAN, CEO Type or print name and title  Print/Type preparer's name Firm's name HALT, BUZAS & POWELL, LTD. Firm's name HALT, BUZAS & POWELL, LTD. Firm's sell Pool 1399152 Preparer Use Only Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	ш	17			934,594.	1,341,379.
19   Revenue less expenses. Subtract line 18 from line 12   8 , 081 , 022 . 34 , 460 , 597 .						
Beginning of Current Year   End of Year   25,112,302   59,582,601   25,112,302   59,582,601   25,112,302   59,582,601   29,538   165,139   29,538   165,139   29,538   165,139   29,538   165,139   29,538   165,139   29,538   165,139   20,538   165,139   20,538   165,139   20,538   165,139   20,538   165,139   20,538   165,139   20,538   20,53						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name Print/Type preparer's name SVETLANA CHEBAKINA Preparer Firm's name HALT, BUZAS & POWELL, LTD. Firm's EIN 26-0004395  Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	<u></u>	3	rievende less expenses. Oubtract line 10 from line 12			· · · · · ·
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name Print/Type preparer's name SVETLANA CHEBAKINA Preparer Firm's name HALT, BUZAS & POWELL, LTD. Firm's EIN 26-0004395  Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	ets (	20	Total accets (Part V. line 16)	50		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name Print/Type preparer's name SVETLANA CHEBAKINA Preparer Firm's name HALT, BUZAS & POWELL, LTD. Firm's EIN 26-0004395  Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	ASSU	20				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name Print/Type preparer's name SVETLANA CHEBAKINA Preparer Firm's name HALT, BUZAS & POWELL, LTD. Firm's EIN 26-0004395  Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	let/	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name SVETLANA CHEBAKINA Preparer Firm's name HALT, BUZAS & POWELL, LTD. Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836–1350					23,002,704.	33,417,402.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name SVETLANA CHEBAKINA Preparer Firm's name HALT, BUZAS & POWELL, LTD. Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	_			a and atatam	anta and to the best of m	w knowledge and holief it is
Sign Here  PAUL SALAMAN, CEO Type or print name and title  Print/Type preparer's name SVETLANA CHEBAKINA  Preparer Use Only  Firm's name ALEXANDRIA, VA 22314  Pate  Date  05/29/19  Check PTIN  05/29/19  Check PTIN  05/29/19  Firm's EIN PTIN  05/29/19  Firm's EIN PTIN  05/29/19  Firm's EIN POT ON					•	y knowledge and beller, it is
Here  PAUL SALAMAN, CEO  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer  SVETLANA CHEBAKINA  Preparer  Firm's name  HALT, BUZAS & POWELL, LTD.  Firm's address  1199 N. FAIRFAX ST. 10TH FLOOR  ALEXANDRIA, VA 22314  Phone no. (703) 836-1350	true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wr	nich preparer	nas any knowledge.	
Here  PAUL SALAMAN, CEO  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer  SVETLANA CHEBAKINA  Preparer  Firm's name  HALT, BUZAS & POWELL, LTD.  Firm's address  1199 N. FAIRFAX ST. 10TH FLOOR  ALEXANDRIA, VA 22314  Phone no. (703) 836-1350			Signature of officer		Data	
Type or print name and title  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  05/29/19   Firm's part   PTIN   PTIN   POI 1399152   POI 1399152    Preparer   Firm's name   HALT, BUZAS & POWELL, LTD.   Firm's EIN   26-0004395    Firm's address   1199 N. FAIRFAX ST. 10TH FLOOR   Phone no. (703) 836-1350			•		Date	
Print/Type preparer's name  Print/Type preparer's name  SVETLANA CHEBAKINA  Preparer  Firm's name  HALT, BUZAS & POWELL, LTD.  Firm's address  1199 N. FAIRFAX ST. 10TH FLOOR  ALEXANDRIA, VA 22314  Phone no. (703) 836-1350	He	re				
Paid SVETLANA CHEBAKINA 05/29/19 ff			Type or print name and title			D.T.W.
Preparer Use Only Firm's address   HALT, BUZAS & POWELL, LTD.   Firm's EIN   26-0004395					Unicok L	<b>-</b>
Use Only Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	Pai	d		0	5/29/19 "self-employ	
ALEXANDRIA, VA 22314 Phone no. (703) 836-1350	Pre	parer			Firm's EIN	26-0004395
	Use	Only	Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR			
			ALEXANDRIA, VA 22314		Phone no. (7	03) 836-1350
	Ma	y the II				X Yes No

The MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED RAINFORESTS THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED RAINFORESTS AND ENDANGERED WILDLIFE THROUGH PURCHASE OF PRIVATE LANDS, RESERVE CREATION, COMMUNITY ENGAGEMENT AND INFORMATION DISSEMINATION AND EDUCATION TO RAISE AWARENESS.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 900-127  If Yes, 'describe these new services on Schedule O.  2 Did the organization cases conticution, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 50 (1963), and 50 (1964) enganizations are required to report the amount of grants and allocations to others, the toled expenses, Section 50 (1963), and 50 (1964) enganizations are required to report the amount of grants and allocations to others, the toled expenses, Section 50 (1963), and 50 (1964) enganizations are required to report the amount of grants and allocations to others, the toled expenses, and  4a (cose	Par	Statement of Program Service Accomplishments
THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATERED RAINFORESTS AND ENDANCERDE WILDLIFE THROUGH PURCHASE OF PRIVATE LANDS, RESERVE CREATION, COMMUNITY ENGAGEMENT AND INFORMATION DISSEMINATION AND EDUCATION TO RAISE AWARENESS.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950-E2?		Check if Schedule O contains a response or note to any line in this Part III
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# Form 990 (2018) 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		X
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<sub>v</sub>
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
200	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	· · · · · · · · · · · · · · · · · · ·	24d		
<b>2</b> 5a	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		37	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Λ	
С	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	Did the organization receive more than \$25,000 in non-cash contributions: in ros, complete conclude in	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,.
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051-		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-00		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

# Form 990 (2018) RAINFOREST TRUST Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a 50					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0	o	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	• •					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X		
b	If "Yes," enter the name of the foreign country: ►						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	·			77		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c				
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the procedure that were not tay deductible as charitable contributions?		60		x		
h	any contributions that were not tax deductible as charitable contributions?		6a				
D		-	6b				
7	Organizations that may receive deductible contributions under section 170(c).		OD				
, а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282?		7с		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
а			9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:	l I					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	440					
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a					
D	amounts due or received from them.)	11b					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1					
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or					
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X		
	If "Yes," complete Form 4720, Schedule O.		Fav	990	(0040)		

Form **990** (2018)

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 Schedule O. See instructions.

	Creck it Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
	ا ا		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divided (This decitor Broqueste information about policies not required by the internal revenue deads.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	T I G		
12a	Division of the state of the st	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·	in Schedule O how this was done	12c	Х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
a h	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	JUD		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►NY , OH , VA , CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	hle
	for public inspection. Indicate how you made these available. Check all that apply.	- Jiny)	avanc	
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.	mian	ciui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
5	THE ORGANIZATION - 800-456-4930			
	7078 AIRLIE ROAD, WARRENTON, VA 20187			

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

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

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

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

Lheck 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.

(A) (E					C) ition	1		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and Title	Average hours per week	box	(do not check more box, unless person officer and a direct		more erson	than	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN MITCHELL	0.50								0	0
CHAIR EMERITUS	0.50	Х						0.	0.	0.
(2) ERIC VEACH	0.50	ļ		l						
CHAIR		Х		Х				0.	0.	0.
(3) SALLY F. DAVIDSON	0.50	١							0	•
TREASURER	0.50	Х		Х				0.	0.	0.
(4) DR. WILLIAM WAYT THOMAS	0.50	١							0	•
SECRETARY	0.50	Х		Х				0.	0.	0.
(5) EDITH MCBEAN	0.50	١,,		,,					0	0
VICE CHAIR	0.50	Х		Х				0.	0.	0.
(6) ROBERT GILES	0.50	١,,							0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(7) JEFFREY ZACK	0.50	١,,							0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(8) DR. THOMAS LOVEJOY	0.50	١,,							0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(9) DR. E.O. WILSON	0.50	ļ ,,							0	0
BOARD MEMBER	0 50	Х						0.	0.	0.
(10) PATRICIA A. KOVAL	0.50	٠,,							0	0
BOARD MEMBER	0 50	Х				_		0.	0.	0.
(11) GEOFFREY CHEN	0.50	Į.,							0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(12) ANN KAUPP	0.50	x						0.	0.	0.
BOARD MEMBER	0.50	^						0.	0.	0.
(13) ERIC GOODE BOARD MEMBER	0.30	X						0.	0.	0.
	0.50	^						0.	0.	0.
(14) KIM STEWART BOARD MEMBER	0.30	X						0.	0.	0.
	40.00	^						0.	0.	0.
(15) DR. PAUL SALAMAN CEO	10.00	┨		х				151,409.	0.	22,039.
(16) GEORGE WALLACE	40.00			<del>  ^`</del>		$\vdash$		131,409	0.	22,037.
CHIEF CONSERVATION OFFICER	1 20.00	1				X		123,299.	0.	5,368.
(17) MARK GRUIN	40.00	$\vdash$				<del>  ^</del> `	$\vdash$	120,200	0 •	3,300.
SENIOR DIRECTOR OF PARTNERSHIPS	13.00	1				x		108,150.	0.	3,508.
832007 12-31-18		Ь				1-2		100,100	•	Form <b>990</b> (2018)

832007 12-31-18

Form **990** (2018)

	(A)	(B)	ployees, and Highest ( (C) Position						(D)	(E)			(F)	
	Name and title	Average hours per week	box offi	not c , unle: cer an	heck i ss pei	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related		an	timate nount o other	of
		(list any hours for related organizations below	purs for elated approximation (w-2/1099-MISC) page of the later of the				fr org and	pensa om the anizati d relate anizatio	e ion ed					
		line)	Indiv	Instit	Officer	Keye	High empl	Form						
	Sub-total								382,858.		0.	3	0,9	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								382,858.		0.	3	0,9	0. 15.
2	Total number of individuals (including but recompensation from the organization								<u> </u>	,000 of reportable	e		, ,	3
3	Did the organization list any <b>former</b> officer				•	•	•		•				Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	and	d otl	her compensation from			4	х	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr unr	elat		dual for services			21	
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J f	or su	ıch j	pers	son .		<u></u>			5		X
1	Complete this table for your five highest countries the organization. Report compensation for	=	-								pensa	tion f	rom	
	(A)  Name and business			ONE		VICIT	OI W		(B)  Description of s		Co	(C	) nsatio	n
					<u></u>				·					
	Total number of independent contractors	including but -	0+ 1:	mita	d + ^	tha	SO 11:	nt c c	d abovo) who received =	oro than				
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot li	mite	d to		se lis	sted	d above) who received n	nore than		_	990 (2	

		Check if Schedule O cont	ains a respons	e or note to any line	e in this Part VIII			
			·	,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a	46,007.				
ìrar our		Membership dues						
Am, G		Fundraising events						
ar /		Related organizations						
s, C		Government grants (contribut						
ion		All other contributions, gifts, gran	· -					
but	_	similar amounts not included abo		47,793,745.				
i o i	а	Noncash contributions included in lines		34,506,335.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			47,839,752.			
				Business Code	, ,			
ø	2 a							
ξ	b							
Se	С	<u>'</u>						
am	d							
Program Service Revenue	е							
Pr	f	All other program service reve	enue					
	g							
	3	Investment income (including						
		other similar amounts)			441,544.			441,544.
	4	Income from investment of ta						
	5	Royalties		······ • [				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
		assets other than inventory	35,955,840					
	b	Less: cost or other basis						
		and sales expenses	35,253,052	2.				
	С	Gain or (loss)	702,788	3.				
	d	Net gain or (loss)			702,788.			702,788.
nue		Gross income from fundraisin including \$	g events (not					
Other Rever		contributions reported on line						
Ä		Part IV, line 18	,	<u> </u>				
ipe I	h	Less: direct expenses		ь				
Ö		Net income or (loss) from fund						
		Gross income from gaming ac						
	- u	Part IV, line 19		a				
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
	10 u	and allowances		a				
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							1
	c							
		All other revenue						1
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			48,984,084.	0.	0.	1,144,332.

### 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).

Da	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	164 200	164 200		
	and domestic governments. See Part IV, line 21	164,300.	164,300.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	10 224 520	10 224 520		
	individuals. See Part IV, lines 15 and 16	10,224,520.	10,224,520.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	172 //0	156 027	1 055	11 666
_	trustees, and key employees	173,448.	156,827.	1,955.	14,666
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 210 400	1 450 510	00 262	670 F10
7	Other salaries and wages	2,219,400.	1,459,519.	89,363.	670,518
8	Pension plan accruals and contributions (include	12 721	26 206	2 226	15 000
_	section 401(k) and 403(b) employer contributions)	43,731. 179,947.		2,336. 9,135.	15,099
9	Other employee benefits		111,957.		58,855
10	Payroll taxes	176,762.	123,572.	6,783.	46,407
11	Fees for services (non-employees):				
а	Management	4 0 6 6	4 540	40	2.00
b	9	4,966.	4,548.	49.	369
С	•	17,916.		17,916.	
d	Lobbying				
е	,				
f	Investment management fees				
g	` -	1.60.601	121 000	001	20 601
	column (A) amount, list line 11g expenses on Sch 0.)	169,691.	131,099.	921.	37,671
12	Advertising and promotion	267,837.	224,498.	30.	43,309
13	Office expenses	209,905.	120,750.	10,274.	78,881
14	Information technology	39,041.	35,757.	383.	2,901
15	Royalties	102 647	04 020	1 040	7 7 7 7
16	Occupancy	103,647.	94,838.	1,042.	7,767
17	Travel	265,259.	239,777.	1,110.	24,372
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70 025	C 4 72 C	224	7 0 6 5
19	Conferences, conventions, and meetings	72,935.	64,736.	334.	7,865
20	Interest				
21	Payments to affiliates	16 000	15 204	165	1 040
22	Depreciation, depletion, and amortization	16,808. 12,331.	15,394.	165.	1,249
23	Insurance	14,331.	11,388.	110.	833
24	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 0.)				
а	PRINTING AND PUBLICATIO	113,121.	86,202.		26,919
b	DUES AND SUBSCRIPTION	33,518.	14,431.	1,230.	17,857
c	MISC. PROJECT EXPENSES	14,404.	14,404.	,	,
d		, = 3 2 3	, == ==		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,523,487.	13,324,813.	143,136.	1,055,538
<u>25</u> 26	Joint costs. Complete this line only if the organization	, == , == , =	-,,	,	, , , , , , , ,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2018) Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,534,405.	1	1,960,461.
	2	Savings and temporary cash investments	19,189,717.	2	53,585,376.
	3	Pledges and grants receivable, net	1,999,971.	3	2,768,285.
	4	Accounts receivable, net		4	14,457.
	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			
ιχ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	54,974.	9	65,972.
		Land, buildings, and equipment: cost or other	0 = 7 5 . = 0	J	00/07=1
	.00	basis. Complete Part VI of Schedule D 101,551.			
	h	Less: accumulated depreciation 10b 38,421.	44,741.	10c	63,130.
	11	Investments - publicly traded securities	802,776.	11	974,502.
	12	Investments - other securities. See Part IV, line 11	478,635.	12	143,335.
	13	Investments - program-related. See Part IV, line 11	27070000	13	223,3331
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,083.	15	7,083.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,112,302.	16	59,582,601.
	17	Accounts payable and accrued expenses	23,764.	17	163,873.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
lig		Complete Part II of Schedule L		22	
Ë	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	5,774.	25	1,266.
	26	Total liabilities. Add lines 17 through 25	29,538.	26	1,266. 165,139.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ş		complete lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets	-489,720.	27	-1,957,206.
ala	28	Temporarily restricted net assets	25,572,484.	28	61,374,668.
Fund Balances	29	Permanently restricted net assets		29	
臣		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss(	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	25,082,764.	33	59,417,462.
	34	Total liabilities and net assets/fund balances	25,112,302.	34	59,582,601.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,98						
2	Total expenses (must equal Part IX, column (A), line 25)	2		,52						
3										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	,08						
5	5 Net unrealized gains (losses) on investments 5 -									
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	59	, 41	7,4	62.				
Pa	Part XII Financial Statements and Reporting									
Check if Schedule O contains a response or note to any line in this Part XII										
					Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,							
	consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	Э.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit							
	Act and OMB Circular A-133?			3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b						

Form **990** (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number RAINFOREST TRUST 13-3500609 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5772635.	12778261.	15560380.	20967870.	47839752.	102918898	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	5772635.	12778261.	15560380.	20967870.	47839752.	102918898	
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)						59816142.	
6	Public support. Subtract line 5 from line 4.						43102756.	
Sec	ction B. Total Support						_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	5772635.	12778261.	15560380.	20967870.	47839752.	102918898	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	42,955.	73,813.	148,780.	198,556.	441,544.	905,648.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)		975.	6,956.			7,931.	
11	<b>Total support.</b> Add lines 7 through 10						103832477	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)		
	organization, check this box and stop						<b>&gt;</b>	
	ction C. Computation of Publ							
14	Public support percentage for 2018 (I					14	41.51 %	
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	55.18 %	
16a	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation			▶□	
17a	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac			-	-	-		
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□	
b	10% -facts-and-circumstances tes	<b>t - 2017.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the		•					
	organization meets the "facts-and-circ							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support	siow, piease com	piete i art ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1075						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
							<b>&gt;</b> L_
	tion C. Computation of Publi						
15	Public support percentage for 2018 (li	ne 8, column (f),	divided by line 13,	column (f))		15	9
	Public support percentage from 2017					16	9
	tion D. Computation of Inves						
	Investment income percentage for 20					17	Ç
	Investment income percentage from 2					18	Ç
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
	more than 33 $1/3\%$ , check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organi	zation	▶∟
b	33 1/3% support tests - 2017. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

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

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	5		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in <b>Part VI</b> ). See instructions.	J		
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	. *			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
•	and 4	- 1			
8		down of line 7:			
		us from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		s from 2018			
e	LAUUS	10 II ( II			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
i dit vi	Dat N. Section A. lines 1.2. 2b. 4b. 4c. 6c. 6c. 2b. 2b. 2b. 11b. 11b. 2b.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(occurrence)
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2018

Name of the organization

RAINFOREST TRUST

13-3500609

Organization type (check one):						
Filers of	<b>:</b>	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

13-3500609

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 34,333,720.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 1,269,649.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
	VARIOUS PUBLICLY TRADED STOCK	_	_		
		\$6,369,529.	04/12/18		
(a) No.	(b)	(c)	(d)		
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received		
Part I	VARIOUS PUBLICLY TRADED STOCK	, , ,			
1					
			06/29/18		
(0)					
(a) No.	(b)	(c)	(d)		
from Part I	Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	Date received		
	VARIOUS PUBLICLY TRADED STOCK				
1		_			
			07/03/18		
(a)		(-)			
No. from	(b)	(c) FMV (or estimate)	(d) Date received		
Part I	Description of noncash property given	(See instructions.)	Date received		
1	VARIOUS PUBLICLY TRADED STOCK	_			
		\$3,399,533.	10/24/18		
(a)		(c)			
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I		(See instructions.)	Bute received		
1	VARIOUS PUBLICLY TRADED STOCK				
<del>-</del>		_			
		\$ 3,804,545.	11/19/18		
(a)		(c)			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received		
Part I		(See instructions.)	241310001104		
1	VARIOUS PUBLICLY TRADED STOCK				
		_	44		
		<u>\$ 16,691,319.</u>	11/20/18		

Name of organization

Employer identification number

13-3500609

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
1	VARIOUS PUBLICLY TRADED STOCK						
		\$\$	11/21/18				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		   \$					

Name of organization **Employer identification number** 13-3500609 RAINFOREST TRUST Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RAINFOREST TRUST

Employer identification number 13-3500609

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	_				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
Day						
Pai		·	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati	`				
	Preservation of land for public use (e.g., recreation or e		corically important land area			
	Protection of natural habitat	Preservation of a cert	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
a	Total number of conservation easements					
b	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax			
	year •	annual to to a short				
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year			
7	\$	diling of violations, and emorcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)			
Ü	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservati					
5	include, if applicable, the text of the footnote to the organization					
	conservation easements.	tion's interioral statements that describes	the organization's accounting for			
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form					
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.			
	historical treasures, or other similar assets held for public ext					
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,			
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, e					
	relating to these items:	,	, · · · · · · · · · · · · · · · · · · ·			
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
			· ·			
2	If the organization received or held works of art, historical tre		al gain, provide			
	the following amounts required to be reported under SFAS 1					
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
	Assets included in Form 990, Part X		> \$			

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

Schedule D (Form 990) 2018

Par	rt III Organizations Maintaining (	Collections of A	t, Histo	rical Tr	easures, c	or Othe	r Simila	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following tha	at are a siç	gnificant i	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	☐ Lo	an or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how they	y further t	he organizati	on's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m	aintained as part of t	he organiz	zation's co	ollection?			$\square$	Yes	No_
Par	rt IV Escrow and Custodial Arran	<b>igements.</b> Comple	ete if the o	rganizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custoo	lian or other intermed	liary for co	ntribution	s or other as	sets not i	ncluded	_	_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or co	ustodial acco	ount liabili	ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	rt V Endowment Funds. Complete	if the organization an	swered "Y	es" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prio	r year	(c) Two year	rs back (	<b>d)</b> Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held a	nd administe	ered for th	e organiz	ation	_	
	by:									es No
	(i) unrelated organizations								. 3a(i)	
b	If "Yes" on line 3a(ii), are the related organization								.   3b	
4	Describe in Part XIII the intended uses of the		wment fur	nds.						
Par	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere				1					
	Description of property	(a) Cost or o		. ,	or other		cumulate	ed	(d) Book v	alue
	·····	basis (investn	nent)	pasis	(other)	aep	reciation			
	Land									
	9									
	Leasehold improvements			1 0	1,551.		38,42	21	62	120
				10	I, 35I.		50,4	<u> </u>	0.3	,130.
е	Other	 egual Form 990 Part								,130.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 RAINFOREST	TRUST		13-3	3500609 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes	" on Form 990. Part I	V. line 11b. See Form 990.	. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of	-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	" on Form 000 Port IV	/ line 11e See Form 000	Dort V line 12	
(a) Description of investment	(b) Book value		valuation: Cost or end-of	-vear market value
	(B) Book value	(e) meaned or t	valuation. Cool or one or	your market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX Other Assets.				
Complete if the organization answered "Yes		V, line 11d. See Form 990,	, Part X, line 15.	(b) Deelesseles
<u> </u>	) Description			(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes	on Form 990, Part I		m 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED RENT		1,266.		
(0)		I		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	1,266.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,266.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	eturı	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	48,884,243.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a	-125,899.		
b	Donat	ed services and use of facilities	2b	26,058.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	-99,841.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	48,984,084.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	0.
5		evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.			5	48,984,084.
Pa	rt XII	Reconciliation of Expenses per Audited Financial St	tatements Wit	h Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total e	expenses and losses per audited financial statements			1	14,549,545.
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a	26,058.		
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	26,058.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	14,523,487.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest					
		ment expenses not included on Form 990, Part VIII, line 7b	4a			
b						_
	Other	ment expenses not included on Form 990, Part VIII, line 7b	4b		4c	0.

#### Part XIII Supplemental Information.

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

#### PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE ORGANIZATION TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS TO THE DONOR. THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEAR ENDED DECEMBER 31, 2018, THE ORGANIZATION DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE ACCOMPANYING FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS TAXABLE INCOME.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE

Supplemental information (continued)
THEIR TAX EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING
FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY
TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN
IS FILED. IF THERE ARE MATERIAL OMISSIONS OF INCOME, TAX RETURNS MAY BE
SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS THE ORGANIZATION'S
POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX
POSITIONS, IF ANY, IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS OF
DECEMBER 31, 2018, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS WHICH
SHOULD BE RECOGNIZED AS A LIABILITY.

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

RAINFOREST TRUST Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

13-3500609

	Form 990, Part IV	, line 14b.				
1	For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	-	ŭ		the selection criteria used to award the		Yes No
	0 0 ,	· ·	,			
2	For grantmakers. Descri	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
_	United States.		· <b>3</b>		- <b>9</b>	
3		ne following Part	L line 3 table ca	an be duplicated if additional space is i	needed )	
	(a) Region			(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Hegion	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	employees, agents, and independent	gram services, investments, grants to	, ,	for and
		une region	contractors	recipients located in the region)	of service(s) in the region	investments
			in the region	, ,	( )	in the region
					FINANCIAL SUPPORT FOR	
CENT	RAL AMERICA AND			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
THE	CARRIBEAN	0	0	SERVICES	LOCAL PARTNERS	610,143.
					FINANCIAL SUPPORT FOR	
EAST	ASIA AND THE			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
PACI	FIC	0	0	SERVICES	LOCAL PARTNERS	1,982,853.
						<del>                                     </del>
					FINANCIAL SUPPORT FOR	
					PROGRAM EXPENSES TO	
EURC	NDE	0	0	SERVICES	LOCAL PARTNERS	137,897.
LUKC	)FE	0	U	SERVICES	LOCAL PARINERS	137,697.
					L	
					FINANCIAL SUPPORT FOR	
					PROGRAM EXPENSES TO	
ניטספ	H AMERICA	0	0	SERVICES	LOCAL PARTNERS	4,742,167.
					FINANCIAL SUPPORT FOR	
				CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
נעספ	H ASIA	0	0	SERVICES	LOCAL PARTNERS	402,402.
					FINANCIAL SUPPORT FOR	
				CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
SIIR-	SAHARAN AFRICA	0	0	SERVICES	LOCAL PARTNERS	2,218,494.
					LOCKIE TIMETREMS	2,210,151.
					ETNANCTAL CHEDODE FOR	
					FINANCIAL SUPPORT FOR	
			_		PROGRAM EXPENSES TO	
NOR	H AMERICA	0	0	SERVICES	LOCAL PARTNERSS	130,564.
3 a	Subtotal	0	0			10,224,520.
	Total from continuation					
	sheets to Part I	0	0			0.
_	Totals (add lines 3a					
·	1.01.)	n	0			10,224,520.
	and 3b)					10,221,320.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	2348473.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	864,096.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	668,486.	.WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	507,466.	,WIRE	0.		ACTUAL
				,				
		SOUTH AMERICA	PROGRAM SUPPORT	476,390.	WIRE	0.		ACTUAL
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM SUPPORT	466,143.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	452,485.	WIRE	0.		ACTUAL
			5011011	132, 403.	,,			
		EAST ASIA PACIFIC	PROGRAM SUPPORT	340,700.	.wire	0.		ACTUAL

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

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (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	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	328,701.	WIRE	0.		ACTUAL
		SOUTH ASIA	PROGRAM SUPPORT	297,157.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	190,749.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	148,000.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	135,343.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	129,519.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	118,886.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	118,296.	WIRE	0.		ACTUAL
				, ,				
		EAST ASIA PACIFIC	DROGRAM SIIDDODT	116,862.	WIRE	0.		ACTUAL

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scriedule F (FOITH 990)	1111111	OKEDI IKODI			15 55	00005		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA PACIFIC	PROGRAM SUPPORT	102,801.	WIRE	0.		ACTUAL
			DECCENT GUIDDON	100 000				D. CITALLY.
		EAST ASIA PACIFIC	PROGRAM SUPPORT	100,000.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	96,778.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	95,900.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	92,596.	WIRE	0.		ACTUAL
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	92,000.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	89,527.	WIRE	0.		ACTUAL
			5011011	33,327.				
		EAST ASIA PACIFIC	PROGRAM SUPPORT	251,622.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	80,470.	WIRE	0.		ACTUAL

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA PACIFIC	PROGRAM SUPPORT	79,176.	WIRE	0.		ACTUAL
		SUB -SAHARAN				_		
		AFRICA	PROGRAM SUPPORT	77,475.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	76,487.	WIDE	0.		ACTUAL
			FROGRAM BOTTON	70,207.	WIND .	0.		NCTONE
		EAST ASIA PACIFIC	PROGRAM SUPPORT	75,312.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	70,000.	WIRE	0.		ACTUAL
		NORTH AMERICA	PROGRAM SUPPORT	67,647.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	60,622.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	59,200.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
			PROGRAM SUPPORT	58,000.	WIRE	0.		ACTUAL

scriedule F (Form 990)	1111111	OKEDI IKODI			15 55	00005		Page
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside th	e United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	46,130.	WIRE	0.		ACTUAL
			TROCKIMI BOTTOKI	10,130.		· ·		1010111
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM SUPPORT	40,000.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	40,000.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	38,019.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	36,886.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	35,714.	WIRE	0.		ACTUAL
		EUROPE	PROGRAM SUPPORT	30,000.	WIRE	0.		ACTUAL
		GIID GAIIADAN						
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		ACTUAL
				11,700.		**		
		EAST ASIA PACIFIC	DDOCDAM GIIDDODM	29,992.	WIDE	0.		ACTUAL
		EAST ASTA FACIFIC	FROGRAM SOFFORT	23,332.	MIKE	٠.		ACTUAL

scriedule F (Form 990)		OKEDI IKODI			15 55	0000		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside th	e United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		EAST ASIA PACIFIC	PROGRAM SUPPORT	29,535.	WIRE	0.		ACTUAL
		SOUTH ASIA	PROGRAM SUPPORT	29,175.	WIRE	0.		ACTUAL
		SOUTH ASIA	PROGRAM SUPPORT	28,120.	WIRE	0.		ACTUAL
		EUROPE	PROGRAM SUPPORT	48,000.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	26,000.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	24,816.	WIRE	0.		ACTUAL
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	55,000.	WIRE	0.		ACTUAL
				33,000				
		SOUTH ASIA	PROGRAM SUPPORT	24,000.	WIRE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	20,548.	WIRE	0.		ACTUAL

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(a) Name of organization of non-cash of non-cash valuation (book	chedule F (Form 990)		OKEDI IKODI			15 55			Page i
(a) Name of organization and EIN (# applicable)  EAST ASIA PACIFIC PROGRAM SUPPORT 15,000, WIRE 0. ACTUAL  RAST ASIA PACIFIC PROGRAM SUPPORT 14,883, WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 14,000, WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964, WIRE 0. ACTUAL  BAST ASIA PACIFIC PROGRAM SUPPORT 13,964, WIRE 0. ACTUAL	Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside t	the United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
SOUTH ASIA PROGRAM SUPPORT 16,000.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 15,000.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 14,883.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL			(c) Region				non-cash	of non-cash	(i) Method of valuation (book, FM appraisal, other)
SOUTH ASIA PROGRAM SUPPORT 16,000.WIRE 0. ACTUAL  RAST ASIA PACIFIC PROGRAM SUPPORT 15,000.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 14,883.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL									
EAST ASIA PACIFIC PROGRAM SUPPORT 15,000.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL			EAST ASIA PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		ACTUAL
EAST ASIA PACIFIC PROGRAM SUPPORT 15,000.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 14,883.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL			COLIMA ACTA	DDOGDAM GIIDDODT	16 000	WIDE	0		A CTITAT.
EAST ASIA PACIFIC PROGRAM SUPPORT 14,883.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL			DOUTH ASIA	ROGRAM BULLOKI	10,000.	WIKE	0.		RCTOAL
SOUTH AMERICA PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL			EAST ASIA PACIFIC	PROGRAM SUPPORT	15,000.	WIRE	0.		ACTUAL
SOUTH AMERICA PROGRAM SUPPORT 14,000.WIRE 0. ACTUAL  SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL									
SOUTH AMERICA PROGRAM SUPPORT 13,964.WIRE 0. ACTUAL  EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL			EAST ASIA PACIFIC	PROGRAM SUPPORT	14,883.	WIRE	0.		ACTUAL
EAST ASIA PACIFIC PROGRAM SUPPORT 13,860.WIRE 0. ACTUAL			SOUTH AMERICA	PROGRAM SUPPORT	14,000.	WIRE	0.		ACTUAL
			SOUTH AMERICA	PROGRAM SUPPORT	13,964.	WIRE	0.		ACTUAL
EAST ASIA PACIFIC PROGRAM SUPPORT 12,500.WIRE 0. ACTUAL			EAST ASIA PACIFIC	PROGRAM SUPPORT	13,860.	WIRE	0.		ACTUAL
			EAST ASIA PACIFIC	PROGRAM SUPPORT	12,500.	WIRE	0.		ACTUAL
SOUTH AMERICA PROGRAM SUPPORT 10,831.WIRE 0. ACTUAL									

scriedule F (Form 990)	1(11111	OKEDI IKODI			15 55	00005		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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, FM appraisal, other)
		EAST ASIA PACIFIC	PROGRAM SUPPORT	10,246.	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	PROGRAM SUPPORT	15,697.	штог	0.		ACTUAL
		AFRICA	FROGRAM SUFFORT	13,097.	WIKE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	8,000.	WIRE	0.		ACTUAL
		SOUTH ASIA	PROGRAM SUPPORT	7,950.	WIRE	0.		ACTUAL
		SUB -SAHARAN						
		AFRICA	PROGRAM SUPPORT	7,480.	WIRE	0.		ACTUAL
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	7,000.	WIRE	0.		ACTUAL
		SOUTH AMERICA	DROGRAM GUDDODIII	7 000	WIDE	0.		ACTUAL
		DOUTH AMERICA	PROGRAM SUPPORT	7,000.	MIKE	0.		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	6,560.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	6,200.	MIKE	0.		ACTUAL

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	F (F0fff1 990)		OKEDI IKODI						Page Z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	PROGRAM SUPPORT	6,000.	WIRE	0.		ACTUAL
			SUB -SAHARAN						
				PROGRAM SUPPORT	5,208.	WIRE	0.		ACTUAL
			EAST ASIA PACIFIC	PROGRAM SUPPORT	5,129.	WIRE	0.		ACTUAL
			CENTRAL AMERICA						
			AND THE CARIBBEAN	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL
			SOUTH AMERICA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL
				RETURN OF 2017 GRANT					
			SOUTH AMERICA	FUNDS	-86,603.	WIRE	0.		ACTUAL
				RETURN OF 2017 GRANT					
			EAST ASIA PACIFIC	FUNDS	-242340.	WIRE	0.		ACTUAL
			EAST ASIA AND THE	PROGRAM SUPPORT	41,359.	WIRE	0.		ACTUAL
					12,000		•		
			EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	29,866.	WIRE	0.		ACTUAL

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Scriedule F (Form 990)	1411111	ONEDI INODI			15 55	00005		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		EAST ASIA AND THE	PROGRAM SUPPORT	5,000.	MIDE	0.		ACTUAL
		FACIFIC	PROGRAM SUPPORT	3,000.	WIRE	0.		ACTOAL
		NORTH AMERICA	PROGRAM SUPPORT	55,000.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	144,329.	WIRE	0.		ACTUAL
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	24,800.	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	35,649.	CHECK	0.		ACTUAL
				,				

Part III Grants and Other Assistance Part III can be duplicated if a			<b>ates.</b> Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

#### 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.

#### PART I, LINE 2:

RAINFOREST TRUST PERFORMS DUE DILIGENCE AT SEVERAL STAGES TO ENSURE THAT WE WORK WITH STRONG PARTNERS WHO ARE OPERATING LEGALLY AND RESPONSIBLY IN-COUNTRY. BEFORE PROSPECTIVE PARTNERS ARE ABLE TO SUBMIT A CONCEPT NOTE, THEY ARE REQUIRED TO SUCCESSFULLY COMPLETE OUR ONLINE ELIGIBILITY QUESTIONNAIRE WHICH ASKS BASIC QUESTIONS INCLUDING WHETHER THE ORGANIZATION IS LEGALLY AUTHORIZED TO WORK IN THE PROJECT COUNTRY AND WHETHER THEY CAN ACCEPT WIRE TRANSFER IN THE PROJECT COUNTRY. DURING THE INITIAL REVIEWS OF CONCEPT NOTES, THE SCIENCE AND MONITORING TEAM BRIEFLY INVESTIGATES THE PROSPECTIVE PARTNER TO ENSURE THAT THE ORGANIZATION HAS A WEBSITE AND THE FOUNDATIONS OF ANY ORGANIZATION, INCLUDING MISSION AND VISION STATEMENTS THAT ALIGN WITH RAINFOREST TRUST. ONCE A CONCEPT NOTE IS APPROVED, THE RESPECTIVE PROJECT LEAD AND REGIONAL TEAMS PERFORM FULL PARTNER VETTING THAT INCLUDES THE REQUEST FOR ORGANIZATIONAL DOCUMENTS, INCLUDING PROOF OF AUTHORIZATION TO WORK IN-COUNTRY AS WELL AS THE MOST RECENT FINANCIAL AUDIT. ADDITIONALLY, WE REQUEST THE NAMES OF THREE REFERENCES FROM THE PARTNER, WITH WHOM WE FOLLOW UP WITH QUERIES ABOUT THE PARTNER'S CAPACITY AND PERFORMANCE. THESE ARE RECORDED IN OUR DATABASE SYSTEM. BEFORE PROJECT PROPOSALS ARE SUBMITTED TO OUR BOARD OF DIRECTORS, THEY ARE REVIEWED BY OUR ADVISORY COUNCIL, COMPRISED OF EXPERTS IN THE FIELD AND/OR REGION, AS WELL AS EXTERNAL REVIEWERS WHO HAVE KNOWLEDGE OF THE RELEVANT TOPIC. EACH NEW PROPOSAL REQUIRES ARE MINIMUM OF THREE REVIEWERS. ONE PROPOSED PROJECTS ARE APPROVED BY OUR BOARD OF DIRECTORS, THE RAINFOREST TRUST PROJECT OFFICER WORKS CLOSELY WITH THE PARTNER TO ENSURE THAT THE PROJECT IS IMPLEMENTED EFFECTIVELY. THE PROJECT LEAD CONTACTS THE PARTNER MINIMALLY MONTHLY AND THE PARTNER IS REQUIRED TO SUBMIT QUARTERLY TECHNICAL PROGRESS AND FINANCIAL REPORTS.

## 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.

FINANCIAL REPORTS MUST SHOW FUNDS ARE SPENT AS AGREED TO IN THE ORIGINAL,
APPROVED BUDGET. TECHNICAL PROGRESS REPORTS MUST DEMONSTRATE THAT THE
PROJECT IS ADVANCING TOWARD THE ESTABLISHMENT OF A CREATED AREA AT A
SATISFACTORY PACE BEFORE QUARTERLY TRANCHES OF FUNDING ARE RELEASED.
ADDITIONALLY, PROJECT LEADS VISIT THE PARTNER AND SITES AT LEAST ONE
WITHIN THE LIFETIME OF AN AGREEMENT TO ENSURE THAT CHALLENGES ARE
ADDRESSED AND THAT THE PROJECT IS PROGRESSING WELL. ANY PROJECTS THAT
INCLUDE LAND PURCHASES ARE REQUIRED TO PROVIDE A COPY OF THE PROMISE OF
SALE PRIOR TO THE TRANSFER OF FUNDS. AFTER THE PURCHASE HAS BEEN
COMPLETED, THE PARTNER IS REQUIRED TO PROVIDE A COPY OF THE LAND TITLE AS
WELL AS A LAND PURCHASE REPORT. OVER THE LONGER-TERM, OUR NEW SCIENCE
AND MONITORING TEAM IS ABLE TO USE SATELLITE DATA TO MONITOR
DEFORESTATION AT OUR PROJECT SITES AND WE WILL BE INTRODUCING ADDITIONAL
TOOLS TO ASSIST IN MONITORING THE SUCCESS OF OUR PROTECTED AREAS.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	ST TRUST						13-3500609
Part I General Information on Grants	and Assistance						
<ol> <li>Does the organization maintain record criteria used to award the grants or as</li> <li>Describe in Part IV the organization's</li> </ol>	ssistance?						
Part II Grants and Other Assistance	to Domestic Orgar	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more that	ın \$5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GLOBAL WILDLIFE CONSERVANCY PO BOX 129							
AUSTIN, TX 78767	26-2887967	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
BLUELINE CONSERVATION INCENTIVES 10688 CRESTWOOD DRIVE MANASSAS, VA 20109			29,700.	0.			PROGRAM SUPPORT
HAITI NATIONAL TRUST INC. 8365 SW 112TH STREET MIAMI, FL 33156	82-0939752	501(C)(3)	129,200.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3	) and government a	ragnizations listed in t	ho lino 1 tablo				<u>2.</u>
3 Enter total number of other organization							···········

(a) Type of grant or assistance	e of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (b) Number of recipients (b) Number of cash grant (d) Amount of (d) Amount		(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
RAINFOREST TRUST PERFORMS DUE DI	LIGENCE BY	VETTING 7	THE PARTNER	S AND PROJECT	
PROPOSALS THROUGH OUR ADVISORY CO	OUNCIL AS	WELL AS II	NDEPENDENT	CONSERVATION	
SCIENTISTS AND PRACTITIONERS SERV	VE AS REVI	EWERS. WE	ALSO CONTA	CT OTHER	
FUNDERS TO REQUEST CONFIDENTIAL 1	EVALUATION	S OF THE I	PARTNER'S G	OVERNANCE,	
INSTITUTIONAL STABILITY, ABILITY					
MANAGE THE GRANT. IF THE PARTNER					
NEGATIVE FEEDBACK FROM THE PEER I	ZEATEM WIND	OTHER PUL	NDEK KEATEM	FRUCESS	

Schedule I (Form 990) RAINFOREST TRUST  Part IV   Supplemental Information	13-3500609 F	<sup>2</sup> age <b>2</b>
DIRECTORS.		
ONCE THE PROJECT IS APPROVED, WE WORK CLOSELY WITH PARTNERS	TO MAKE SURI	E
THE PROJECT IS IMPLEMENTED EFFECTIVELY. THE PROJECT OFFICER	CHECKS IN W	ITH
EACH PARTNER AT LEAST MONTHLY TO CHECK ON PROGRESS AND OFFE	R ADVICE ON	
OVERCOMING ANY CHALLENGES. PAYMENTS ARE DISBURSED QUARTERLY	, CONTINGENT	ON
SATISFACTORY TECHNICAL PROGRESS AND FINANCIAL REPORTS. PROGRESS	RESS REPORTS	
MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARDS THE	CREATION OF A	A
NEW PROTECTED AREA AT A SATISFACTORY PACE. FINANCIAL REPORTS	S MUST SHOW	
FUNDS ARE BEING SPENT AS THE ORIGINAL APPROVED BUDGET SPECI	FIED. IF THE	
PROJECT IS NOT PROGRESSING AS IT SHOULD, NO NEW PAYMENTS ARE	E SENT. ON	
LONGER TERM PROJECTS A RFT CONSERVATION OFFICER WILL VISIT	THE SITE TO	
VERIFY AND/OR TROUBLESHOOT PROJECT STATUS. ANY PROJECTS THAY	r include a i	LAND
PURCHASE ARE REQUIRED TO PROVIDE A COPY OF THE LAND TITLE.	LASTLY, OUR	
GEOGRAPHIC INFORMATION SYSTEMS SPECIALIST USES SATELLITE DAY	ra to monitor	R
DEFORESTATION IN OUR PROJECT SITES.		

Schedule I (Form 990)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RAINFOREST TRUST

Part I Questions Regarding Compensation

**Employer identification number** 13-3500609

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				
_	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The story of lines 4a.o., list the persons and provide the applicable amounts for each termin art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-M	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation (B)(i)-(D) (F) Compensation (B)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) DR. PAUL SALAMAN	i) 151,409	. 0.	0.	4,332.	17,707.	173,448.	0.	
	i) 0	. 0.	0.	0.	0.	0.	0.	
	i)							
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#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

PATMEOREGT TRICT

Employer identification number 13-3500609

	CHINI OKES								000	0 2		
Part I Excess Bene	efit Transaction	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29) organizatio	ns only	y).				
Complete if the	organization answ	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25l	b, or Form 990-EZ, F	Part V,	line 40	Db.			
1	(b) Relationship between disqualified			lified	(1)				(d)	(d) Corrected?		
(a) Name of disqualified p	person	person and o	organization (c) Description of the			c) Description of tra	ansaction			Y	es	No
2 Enter the amount of tax i	•	_	-									
3 Enter the amount of tax,	if any, on line 2, a	above, reimburs	sed by	the or	ganization			<b>&gt;</b> \$				
Part II Loans to and	d/or From Inte	erested Per	eone									
					' Dout V line 00e en l	Farras 000 David IV/ II	00.	:£ 41.		!		
•	· ·				, Part V, line 38a or l	Form 990, Part IV, II	ne ∠o;	or ii tr	ie orga	anızatı	on	
(a) Name of	(b) Relationship	(c) Purpose		∠. oan to or	(a) Original	(6) Dalamas due	/~	\ lo	<b>(h)</b> Ap	proved	/:x \A	ritten
interested person	with organization	of loan	fror	n the ization?	(e) Original principal amount	(f) Balance due	(g) In default? (h) Appi by boai commit		ard or	rd or agreement?		
,			Ť	1	' '				Yes	11111100:		
			То	From			Yes	NO	res	NO	res	No
			+				<del> </del>					
							1					
Total					<b>&gt;</b> \$							
Part III Grants or As	sistance Ben	efiting Inte	reste	d Pe	rsons.							

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2018

Complete if the organization answered	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	1	(a) O'-	vin f	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
SARA SALAMAN	FAMILY MEMBER OF CE	-	SALARY PAID		Х	
MALISSA CADWALLADER CONSU	LMALISSA CADWALLADER	44,073.	CONSULTING		Х	
	+					
Part V Supplemental Information.  Provide additional information for resp	ponses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS '			ED PERSONS:			
(A) NAME OF PERSON: SARA						
(B) RELATIONSHIP BETWEEN		D ORGANIZAT	¹T∩N•			
	INTERESTED PERSON AN	D ONGANIZAI	TON.			
FAMILY MEMBER OF CEO						
(D) DESCRIPTION OF TRANSAG	CTION: SALARY PAID F	OR THE LATI	N AMERICA			
CONSERVATION DIRECTOR						
(A) NAME OF PERSON: MALIS	SA CADWALLADER CONSU	LTING				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	'ION:			
MALISSA CADWALLADER IS AN	OWNER OF THE CONSUL	TING FIRM A	ND A FORMER	COO		
(D) DESCRIPTION OF TRANSAGE	CTION: CONSULTING SE	RVICES				

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization RAINFOREST TRUST Employer identification number 13-3500609

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermin	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	16	34,504,864.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
10	trust interests							
12 13	Securities - Miscellaneous  Qualified conservation contribution -							
13	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (OTHER GOODS)	X	6	1,471.	COMPARABLE	SAL	ES_	
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			· I	
20-	Division the constitution was in the			nambad in Dark I. linaa 4 Abruur	-b 00 tb-t it		Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat			•		200		Х
h	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	·				30a		
31		nolicy that r	equires the review	of any nonstandard contribu	ıtions?	31		Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					"		
OZU	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
					Cabadula			

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

Schedule M (Form 990) 2018

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

RAINFOREST TRUST

Employer identification number 13-3500609

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SALARIES FOR PARK RANGERS.

MAJOR ACCOMPLISHMENTS FOR 2018: (A) IN TOTAL WE HELPED DECLARE,

PURCHASE OR EXPAND 33 NEW PROTECTED AREAS FOR A TOTAL OF 1,926,002

ACRES. THIS BRINGS THE TOTAL ACRES SAVED SINCE OUR FOUNDING TO MORE

THAN 20 MILLION ACRES ACROSS 50 COUNTRIES; (B) WE HELPED DESIGNATE 74,

131 ACRES OF KENYIR STATE PARK IN MALAYSIA, THE FIRST EVER STATE PARK

FOR THE STATE OF TERENGGANU AND THE FIRST STATE PARK TO BE GAZETTED IN

PENINSULAR MALAYSIA SINCE 2007; (C) WITH OUR PARTNER, WE DESIGNATED

CAMEROON'S FIRST MARINE AND FORESTS NATIONAL PARK, THE 375,303-ACRE

DOUALA-EDEA MARINE AND FORESTS NATIONAL PARK; (D) IN THE DEMOCRATIC

REPUBLIC OF CONGO, WE HELPED ESTABLISH THREE COMMUNITY FORESTS TOTALING

358,482 ACRES; AND (E) WE PURCHASED 285 ACRES TO EXPAND THE GALAPAGOS

NATURE RESERVE IN ECUADOR.

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

AFRICA, AMERICA AND ASIA-PACIFIC TEAMS, AS WELL AS THE RESTRUCTURING OF

OUR SCIENCE AND MONITORING TEAM. THE SCIENCE AND MONITORING TEAM IS

FOCUSED ON TARGETING OUR PRIORITY-SETTING, BASED ON THE NATURE

CONSERVATION UNION'S (IUCN'S) DATABASES ON SPECIES, KEY BIODIVERSITY

AREAS (KBAS) AND THE PROTECTED AREAS.

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

THE BOARD REVIEWS THE FORM 990 AND RECEIVES COMMENTS BEFORE THE FORM IS FILED.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** RAINFOREST TRUST 13-3500609 FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS ASKED REGULARLY TO DISCLOSE TO THE OTHERS ON THE BOARD THEIR BUSINESS AND PERSONAL INTEREST TO DETERMINE IF THERE ARE ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: 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 EVALUATIONS. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE ON OTHER WEBSITES AS WELL AS OUR OWN WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PUBLISHES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST, RECORDS & RETENTION, COMP POLICY.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT

ACCOUNTANT. THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

# IRS e-file Signature Authorization for an Exempt Organization

calendar year 2018, or fiscal year beginning	, 2018, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

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

Employer identification number

RAINFOREST TRUST Name and title of officer

For

13-3500609

PAUL SALAMAN CEO

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

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

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	48,984,084.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

X   authorize HALT, BUZAS & POWELL, LTD.	to enter my PIN 00609						
ERO firm name	Enter five numbers, t do not enter all zeros						
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	. ,						
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•						
cer's signature ► Date ►	5/28/2019						
art III Certification and Authentication							
O's EFIN/PIN. Enter your six-digit electronic filing identification							

number (EFIN) followed by your five-digit self-selected PIN.

54105619152

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date  $\triangleright$  05/29/19 ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

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