** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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

and ending

В	Check is	C Name of organization		D Employer identifie	cation number
	— Addr				
F	chan Nam			13-350060	na
F	chan Initia retur		oom/suite	E Telephone number	
F	Final	7078 ATRITE BOAD	Join/Suite	800-456-4	
	—lretur term ated			G Gross receipts \$	25,390,569.
	Ame	nded 1.17 DD F.N.T.ON 177 20197		H(a) Is this a group re	
	Appl		[for subordinates	
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
I	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
_		ite: ▶ WWW.RAINFORESTTRUST.ORG		H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year o	of formation: 1989 N	1 State of legal domicile: VA
P	art I	•			
ď	1	Briefly describe the organization's mission or most significant activities: THE MI			
Activities & Governance		IS TO PROTECT THREATENED RAINFORESTS AND E			
ē	2	Check this box if the organization discontinued its operations or disposed		1 . 1	
Š	3			3	14 14
æ	5 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a)			50
ie.	6	Total number of individuals employed in calendar year 2019 (Part V, line 2a) Total number of volunteers (estimate if necessary)		·····	14
:	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā	۱ ' ا	Net unrelated business taxable income from Form 990-T, line 39			0.
	†	The difficultied business taxable moonle from our 1, iii oc 1,		Prior Year	Current Year
_	. 8	Contributions and grants (Part VIII, line 1h)		47,839,752.	22,905,224.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
e Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,144,332.	977,410.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,984,084.	23,882,634.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,388,820.	15,337,941.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		2,793,288.	3,259,190.
Fxpenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ž	<u>د</u> ا	Total fundraising expenses (Part IX, column (D), line 25) 1,123,534		1 241 250	1 050 200
ш.	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,341,379.	1,952,322.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,523,487. 34,460,597.	20,549,453.
_	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or		Total assets (Dort V. line 16)		ginning of Current Year 59,582,601.	End of Year 63,511,521.
4SSe	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		165,139.	574,869.
\et_	22	Net assets or fund balances. Subtract line 21 from line 20		59,417,462.	62,936,652.
P	art II			00 / 12 / / 1020	02/300/0321
Und	der per	alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of my	knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer I	has any knowledge.	
Sig	jn	Signature of officer		Date	
Не	re	DR. JAMES C. DEUTSCH, CEO			
		Type or print name and title			- I BTIN
		Print/Type preparer's name Preparer's signature		ate Check C	PTIN
Pai		ROHINI CHANDRABHATLA ROHINI CHANDRABHA	'I'LA	self-employe	
	parer	Firm's name SIKICH LLP		Firm's EIN ▶	36-3168081
USE	Only	Firm's address 1199 N. FAIRFAX STREET 10TH FLOOR		Diam. / 7	N3 \ Q26 12EA
	41	ALEXANDRIA, VA 22314		Phone no. (7	03) 836-1350
ivia	y tne	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$18,418,080. including grants of \$14,808,122.) (Revenue \$
	THE LAND PURCHASE AND PROTECTED AREA CREATION PROGRAM FOCUSES ON THE
	IDENTIFICATION AND PROTECTION OF THE HIGHEST PRIORITY LANDS IN THE
	TROPICS FOR BIODIVERSITY CONSERVATION, ESPECIALLY RAINFORESTS AND OTHER
	THREATENED TROPICAL HABITATS. RAINFOREST TRUST TARGETS THESE AREAS FOR
	CONSERVATION AND ACHIEVES THEIR CONSERVATION IN PERPETUITY THROUGH
	METHODS INCLUDING DIRECT LAND PURCHASE AND GOVERNMENTAL DESIGNATIONS OF
	NEW PROTECTED AREAS. RAINFOREST TRUST WORKS ON-THE-GROUND WITH LOCAL
	PARTNERS AND INDIGENOUS COMMUNITIES TO ESTABLISH NEW PROTECTED AREAS.
	RAINFOREST TRUST PROVIDES TECHNICAL GUIDANCE DURING THE IDENTIFICATION,
	ESTABLISHMENT, AND MANAGEMENT OF NEW PROTECTED AREAS. PROGRAM EXPENSE
	COSTS INCLUDE LAND PURCHASE AND LEASE, MEETINGS WITH LOCAL COMMUNITIES
	AND GOVERNMENTS, DECLARATION COSTS, LEGAL REVIEW, DEMARCATION, AND
4b	(Code:) (Expenses \$ 322,425. including grants of \$ 183,971.) (Revenue \$
	THE CONSERVATION AND LAND MANAGEMENT PROGRAM SUPPORTS INFRASTRUCTURE
	IMPROVEMENTS OF NEW AND EXISTING PROTECTED AREAS INCLUDING RANGER
	STATIONS, FENCING, TRAILS, REFORESTATION, MANAGEMENT PLANS AND
	PROVIDING FOREST GUARDIANS AND OTHER STAFF FROM LOCAL COMMUNITIES TO
	ASSIST WITH RAINFOREST PROTECTION AND MANAGEMENT. IN 2018, WE LAUNCHED
	OUR CONSERVATION FELLOWS & GUARDIANS PROGRAMS DESIGNED TO HIGHLIGHT AND
	SUPPORT THE INDIVIDUAL CONSERVATIONISTS, WITHIN OUR LOCAL COMMUNITIES
	AND PARTNER ORGANIZATIONS, WHO LEAD OUR WORK GLOBALLY.
4c	(Code:) (Expenses \$ 377 , 768 • including grants of \$ 345 , 848 •) (Revenue \$
40	THE RAPID RESPONSE PROGRAM SUPPORTS: (A) TARGETED SEARCHES FOR
	ENDANGERED SPECIES TO DETERMINE WHICH PROPERTIES WITHIN A REGION HOST
	SIGNIFICANT UNPROTECTED POPULATIONS OF KEY SPECIES; (B) MEETINGS WITH
	LOCAL PEOPLE AND GOVERNMENT OFFICIALS TO EVALUATE INTEREST IN CREATING
	A NEW PROTECTED AREA; (C) INVESTIGATION OF LAND TENURE AND PROPERTY
	PRICES FOR KEY AREAS; (D) ASSESSMENT OF ECOTOURISM AND OTHER MECHANISMS
	THAT SUSTAINABLY SUPPORT CURRENT PROTECTED RESERVES; AND (E) RAPID
	RESPONSE PROJECTS TO FIGHT IMMEDIATE THREATS ON CURRENT PROJECTS AND
	PROJECTS IN PROCESS. IN 2018, WE SUPPORTED 28 RAPID PROTECTED AREA
	FEASIBILITY AWARDS IN 21 COUNTRIES. MOST STUDIES ARE LEADING TO
	PROPOSALS TO RAINFOREST TRUST TO CREATE NEW PROTECTED AREAS. IN 2018,
	WE STRENGTHENED OUR CONSERVATION TEAM WITH THE FULL RECRUITMENT OF OUR
4d	Other program services (Describe on Schedule O.)
·u	(Expenses \$ 16,914 • including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 19,135,187.
	· · · · · · · · · · · · · · · · · · ·

11550724 765826 22024.0

Form 990 (2019) 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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

	·	•		$\overline{}$	
Part I	Checklist of Required Schedul	es (continued)			
Form 99	O (2019) RAINFOREST	TRUST	13-3500609	Pa	age 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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 contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	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			

			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

a Enier the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return by If all leads on its reported on the 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines Is and 2a is greater than 250, you may be required to e_n/te (see instructions) 3	Form	990 (2019) RAINFOREST TRUST 13-3500	609	Р	age 5
2a 50 If all least one is reported on Firm W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 50 Marchet If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
bit fall least one is reported on line 24, dit the organization file all regular discard employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 13 Did the organization have unrelated business gross incorrul of \$1,000 or more during the year? 14 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (buch as a bank account, securities account, or other financial account? 15 If "Yes," refore the name of the foreign country buch as a bank account, securities account, or other financial account? 16 If Yes, and the properties of the foreign country buch as a bank account, securities account, or other financial account? 16 If Yes, and the organization and account securities account, or other financial accounts (FBAR). 17 See instructions for filing requirements for FioCRIF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 18 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 19 Did any taxable party notify the organization file Form 8885.72 19 Did any taxable party notify the organization file Form 8885.72 20 Des the organization star were not tax deductible as charitable contributions? 21 Fives, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 22 To organizations that many receive deductible contributions under section 170(c). 23 Bid the organization receives apprient in excess of \$57 made party) as a contribution and party for goods and services provided to the payor? 25 Did the organization receive apprient in excess of \$57 made party) as a contribution of property for which it was required to the Form 8882 filed during the year 26 Did the organization sell, exchange, or otherwise algoins of tangible personal property for which it was required. 26 Did the organization forei				Yes	No
b If a least one is reported on line 2a, did the organization fise all required frederal employment tax returns? Note If the sum of lines 1s and 2s is greater than 250 you may be required to _e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has If their ad Form 990 To their year? "No" to line 3b, provide an explanation on Schedule O 3b If Yes," has the defending year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, leuch as a bank account, securities account, or other financial accountity over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account(s) Sa Was the organization has reference in the result of the securities and services are securities. If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Va If "Yes" in line 5a or 5b, did the organization the fire mass 8861? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Va Variety of the security of the organization that it was or is a party to a prohibited tax shelter transaction? 5c Variety of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c Variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and express statement that such contributions or gifts were not tax deductibles a charitable contribution or an express statement that such contributions or gifts were not tax deductibles as charitable contributions and party for goods and services provided to the payor? 7c Variety of the organization receive a payment	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b It a least one is reported on line 2a, did the organization life all required feedral employment tax returns? Note: If the sum of lines 1 and 2 is greater than 250, you may be required to _eight (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did If Yeas, "hat filled a Form 900 of 176 this year? If "No." to fire 3b, provide an explanation or Schedule O. 4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, account, account, or other financial account)? 5b If "Yes," eight reth manner of the foreign country. 5c If "Yes' to line 5a or 5b, did the foreign country. 5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax relater transaction? 5c If "Yes' to line 5a or 5b, did the organization the Fire 888617? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles of the organization are express statement that such contributions or gifts were not tax deductibles of schraftable contributions? 6c July "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of schraftable contributions? 6c July "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization received a contribution of care, boats, alignates, or other vehicle, did the organization feed and party of the propaganization feed and party of the propaganization received and contribution of acre, boats, or apprentiant of the sponsoring organization nakes a distribution to a donor, d		filed for the calendar year ending with or within the year covered by this return 2a 50			
3a X X X X X X X X X	b		2b	Х	
3a X X X X X X X X X		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b II "Yes," has it flield a Form 990T for this year? Wo' to fine 3b, provide an explanation on Schedule O At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? B II "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts)? Sae instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae in Yes, "to live the organization the organization file form 8886.7? Sae Does the organization file form 8886.7? Sae Does the organization file form 8886.7? Sae Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). B Uit Tyes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization statement of forms 8282 filed during the year Did the organization received an express of \$75 made party as a contribution and partly for goods and services provided to the payor? To Clid the organization notify the donor of the value of the goods or services provided? To Clid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Lid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Lid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Lid the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Lid the organization received any funds, directly or indi	За		За		Х
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b IX c If "Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Ca Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 5c Ca Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions and express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization selve a payment in excess of \$75 made partly as contribution of organization and partly for goods and services provided to the payor? 7 Organization selve a contribution of or the value of the goods or services provided to the payor? 7 Organization selve a contribution of or the value of the goods or services provided to the payor? 7 Organization selve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file a form 1088-0? 8 Opposed the organization selve any funds, directly or indirectly, to pay premium organization file a form 1088-0? 8 Opposed the organiza	b		3b		
b It "Yes," either the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization apparty to a prohibited fax shelter transaction at any time during the tax year? 5b IV any organization apparty to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file Form 8886-77 6a Does the organization samular gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organization selle, exchange, or otherwise dispose of tangible personal property for which it was required 1c If "Yes," indicate the number of Forms 8828 filed during the year 1c If I'Yes," indicate the number of Forms 8828 filed during the year 1c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flies from 8899 as required? 1d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flies a Form 1098 C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization selected and contribution of cars, boats, airplanes, or other vehicles, did the organization flies a Form 1098 C? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Did the sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization have ex					
b if "Yes," extex the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or 5b, did the organization file Form 8868-77. 5c Bo Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that tween to tax deductibles? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization inclify the donor of the value of the goods or services provided? 6c If "Yes," did the organization inclify the donor of the value of the goods or services provided? 7c If If "Yes," indicate the number of Forms 8282 filed during the year 6c If If "Yes," indicate the number of Forms 8282 filed during the year 7c If If If the organization received as contribution of qualified intellectual property, did the organization file Form 899 as required? 8 Sponsoring organization neceived a contribution of contributions of indirectly, on a personal benefit contract? 7r X X 7r Yes, "If the organization neceived a contribution of contributions of indirectly, on a personal benefit contract? 7r X X 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution of the value			4a		Х
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible: b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible: 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notif the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization file Form 8899 as required? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 5 Sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make a situation for advised funds. 10 Section 501(c)(2) organization make a fishibition to a donor, donor advised, or related person? 9 Sponsoring organization h	b				
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible: b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible: 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notif the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, simplense, or other vehicles, did the organization file Form 8899 as required? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 5 Sponsoring organization make any taxable distributions under section 4966? 5 Did the sponsoring organization make a situation for advised funds. 10 Section 501(c)(2) organization make a fishibition to a donor, donor advised, or related person? 9 Sponsoring organization h		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 55 X S S S S S S S S S	5a		5a		Х
c If Yes' to line 6 and 75b, did the organization file Form 888617. 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes, of the organization included with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that may receive deductible contributions under section 170(c). b If Yes, of the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d If Yes, indicate the number of Forms 8282 filed during the year D Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? d If Yes, indicate the number of Forms 8282 filed during the year P Id the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 X 7 X 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 X 7 Y 8 Sponsoring organization make allows both for advised funds. Did a donor advised fund maintained by the sponsoring organization make a costribution of care, boats, singlenes, or other velicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a latibility to a donor, donor advised, or part time during the year? 9 Sponsoring organization self-time the amount of care property of the organiza		• • • • • • • • • • • • • • • • • • • •	5b		
Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive all, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 9 Sponsoring organizations maintaining donor advised funds. 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7 8 Sponsoring organization make a distribution sunder section 49667 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667 9 But the sponsoring organization make any taxable distributions under section 49667 9 Section 501(c)/17 organizations. Enter: a initiation fees and capital contributions included on Part Vill, line 12 10 Section 501(c)/17 organizations. Enter: a fross income from members or shareholders b If Yes, "see the amount of					
any contributions that were not tax deductible as charitable contributions? b f "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization set payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b f "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization setl, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7					
b f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If 'Yes,' did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 If 'Yes,' indicate the number of Forms 8282 filed during the year of life Form 8282? 11 If Yes,' indicate the number of Forms 8282 filed during the year 12 If the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 13 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 14 If the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required? 15 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8298 as required? 16 If the organization mace advised funds. 17 If the organization mace advised funds of the device of the organization file a Form 1098 C? 18 Sponsoring organization make any taxable distribution sunder section 4966? 19 Did the sponsoring organization make any taxable distribution sunder section 4966? 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from methers or shareholders 11 In this tion fees and capital contributions included on Part VIII, line 12, for public use of club facilities 12 Section 501(x)(7) organizations. Enter: 2 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(x)(29) quali		and the second of the second o	6a		х
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 14 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 15 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 15 Did the sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organization make any taxable distributions under section 4966? 17 Did become from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 18 Section 501(c)(T) organizations. Enter: 19 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 19 Section 501(c)(12) organizations. Enter: 20 Gross receipts, included on Form 90, Part VIII, line 12 for public use of club facilities 21 If	b	•			
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," idicide recipanization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make a distribution of undersord funds. Did the sponsoring organization make and visade funds. Did the organization included on Part VIII, line 12 Did the sponsoring organization included on Part VIII, line 12 Did the sponsoring organization included on Part VIII, line 12 Did the sponsoring organization included o			6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	7				
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e	а		7a		х
to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	b	Tensor II			
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e					
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76			7c		x
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 X 72 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 73 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 75 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 76 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization incensed to issue qualified health plans in more than one state? 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 in more than one state? b If "Yes," has it fied a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a Did the organization usplice to the section 4960 tax on payments) o	d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	e		7e		х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distribution sunder section 4966? b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 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 cleased to issue qualified health plans c Enter the amount of reserves on hand 13b Is the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization and educational institution subject to th	f				
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 organizations maintaining donor advised funds. 9 Sponsoring organization make any taxable distributions under section 4966? 9a	a				
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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Bid the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tob Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Tob Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? Late the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? In "Yes," somplete Form 4720, Schedule O.					
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	_				
Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule N.	Ū		8		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	9				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12b 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 5 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 1 more than one state? 13b 12c 12b 13a 13c 14a 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization and file Form 4720, Schedule N. 15 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 Ix Ix If "Yes," complete Form 4720, Schedule O.	_				
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.					
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: a Gross income from members or shareholders 11a b Gross income from members or shareholders 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 K					
111 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 11c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O.			1		
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			1		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		, , , , ,			
amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			1		
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	-				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	12a		12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		• • • • • • • • • • • • • • • • • • • •	1		
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			13a		
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	-	•	100		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	h	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	_		1		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			142		х
Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			140		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	13		46		y
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		-21
If "Yes," complete Form 4720, Schedule O.	16		16		x
	10		10		
		n 103, complete i omi 4720, conedule o.	Form	990	(2019)

RAINFOREST TRUST 13-3500609 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 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? Х 7a **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

iua	Did the organization have local chapters, branches, or affiliates?	10a		Λ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, CT, DC, FL, IL, MD, MA, MN, NH, NJ
- 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) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain on Schedule O)

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 800-456-4930

7078 AIRLIE ROAD, WARRENTON, VA 20187

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yoldı	t con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN MITCHELL	0.50	_	_							
CHAIR EMERITUS		Х						0.	0.	0.
(2) ERIC VEACH	0.50									
CHAIR		Х		Х				0.	0.	0.
(3) SALLY F. DAVIDSON	0.50									
TREASURER		Х		Х				0.	0.	0.
(4) DR. WILLIAM WAYT THOMAS	0.50									
SECRETARY		Х		Х				0.	0.	0.
(5) EDITH MCBEAN	0.50									
VICE CHAIR		Х		Х				0.	0.	0.
(6) ROBERT GILES	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) JEFFREY ZACK	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) DR. THOMAS LOVEJOY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) DR. E.O. WILSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) PATRICIA A. KOVAL	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(11) GEOFFREY CHEN	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) ANN KAUPP	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) ERIC GOODE	0.50									
BOARD MEMBER	2 - 2	Х						0.	0.	0.
(14) KIM STEWART	0.50									
BOARD MEMBER	10.00	Х						0.	0.	0.
(15) MARK GRUIN	40.00	-						405 056	•	4 060
ACTING CEO	40.00		\vdash	Х				135,376.	0.	4,869.
(16) ANGELA YANG	40.00	l						105 040	_	0 000
CHIEF CONSERVATION OFFICER	40.00					Х		105,942.	0.	9,037.
(17) PATRICIA MUNOZ-CHERNITSKY	40.00	ŀ				37		127 124	<u> </u>	0 61 5
CFO						Х		127,124.	0.	9,615.

932007 01-20-20

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	compensated Employee	s (continued)				
(A)	(B)	(C) Position						(D)	(E)		(F)		
Name and title	Average		not c	heck r	more	than o		Reportable	Reportable		Estimated		
	hours per week			ss per nd a di				compensation from	compensation from related			nount other	
	(list any	ctor						the	organizations			pensa	
	hours for	or dire	l a			ted		organization	(W-2/1099-MIS	,C)	fr	om th	е
	related organizations	stee	truste		eo.	beusa		(W-2/1099-MISC)			_	anizat	
	below	lual tru	tional		ploye	st com	_					d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orge	ii iizati	0110
(18) LESLIE VANSANT	40.00												
CHIEF PHILANTHROPY OFFICER						Х		102,922.		0.	1	8,9	31.
										\longrightarrow			
										\dashv			
										\dashv			
										\longrightarrow			
		-											
1b Cubtatal			<u> </u>					471,364.		0.		2,4	52
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		<u>, </u>	0.
d Total (add lines 1b and 1c)								471,364.		0.	4	2,4	
2 Total number of individuals (including but n							o re		000 of reportable				
compensation from the organization													4
										r		Yes	No
3 Did the organization list any former officer,	•		•	•	•		_		•				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•							•	•				х
and related organizations greater than \$150Did any person listed on line 1a receive or a										·····	4		Α.
rendered to the organization? If "Yes." com					,			J		ı	5		х
Section B. Independent Contractors	picte ochedati	. 0 1	Or St	<u>acii ț</u>	<i>7013</i>	<u> </u>							
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ntra	acto	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om.	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)		0	(C		
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompe	nsatio	n
-													
	1 0 7 1												
2 Total number of independent contractors (ii		ot lir	nited	a to t	thos (ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zaliUi1					,					Form	990 (2010)
											· OIIII	(

932008 01-20-20

13-3500609

Form 990 (2019) RAINFOR
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
င်္ခ ဗြ		Fundraising events 1c					
ffs,		d Related organizations 1d					
ig je		e Government grants (contributions) 1e					
Sir	•						
e Hi	T	All other contributions, gifts, grants, and	22 005 224				
들 된		similar amounts not included above 1f	22,905,224.				
ont Od (g	Noncash contributions included in lines 1a-1f	538,822.	00 005 004			
<u>0</u> <u>6</u>	h	Total. Add lines 1a-1f	<u></u>	22,905,224.			
			Business Code				
9	2 a	a					
ΘŽ	b	·					
S	c	:					
eve eve	c	i					
Program Service Revenue	e	•					
Ā	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		952,498.			952,498.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a 1,532,847.	` '				
		, <u> </u>					
a)	L	Less: cost or other basis and sales expenses 7b 1,507,935.					
Ž							
ther Revenue		· /	•	24,912.			24,912.
Æ		d Net gain or (loss)	······	24,912.			24,312.
‡	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	>				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities	<u> </u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold10l					
	c	Net income or (loss) from sales of inventory .					
,			Business Code				
Miscellaneous Revenue	11 a	ı					
ane Duc	b						
elle eve	c						
<u>I</u> SC		All other revenue					
≥		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		23,882,634.	0.	0.	977,410.

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).

	Check if Schedule O contains a respon of include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		САРСПОСО	general expenses	схрепосо
	and domestic governments. See Part IV, line 21	4,370,936.	4,370,936.		
	Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16	10,967,005.	10,967,005.		
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees	140,246.	95,756.	9,659.	34,831
6 (Compensation not included above to disqualified				
þ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	2,682,337.	1,830,041.	183,380.	668,916
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,332.	33,709.	2,718.	14,905
	Other employee benefits	174,881.	113,490.	14,971.	46,420
10 F	Payroll taxes	210,394.	142,177.	14,787.	53,430
11 F	Fees for services (nonemployees):				
a N	Management				
b L	_egal	50,473.	49,489.	141.	843
	Accounting	19,628.		19,628.	
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	404 00=	227 246	10 150	
	column (A) amount, list line 11g expenses on Sch O.)	404,085.		19,462.	77,577. 42,173.
	Advertising and promotion	223,997.	181,812.	12.	42,173
	Office expenses	157,817.	114,919.	9,588.	33,310
	nformation technology	28,246.	27,790.	79.	377
	Royalties	172 105	101 624	11 246	40 145
	Occupancy	173,125.	121,634.	11,346.	40,145.
	Travel	157,509.	135,782.	847.	20,880
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	05 014	70 070	2 004	21 040
	Conferences, conventions, and meetings	95,214.	70,272.	2,994.	21,948
	nterest				
	Payments to affiliates	6E 4E0	64 204	102	075
	Depreciation, depletion, and amortization	65,452. 9,456.	64,394.	183.	875. 114.
	nsurance	9,456.	9,318.	24.	114
a I	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) NON COLLECTABLE PLEDGES	313,693.	313,693.		
-	PRINTING AND PUBLICATIO	103,660.		12.	40,526
-	OTHER PROJECT EXPENSES	97,982.	97,982.	14 •	±0,520
-	DUES AND SUBSCRIPTION	51,985.	24,820.	901.	26,264
-	All other expenses	51,505	21,020.	701.	20,201
	Fotal functional expenses. Add lines 1 through 24e	20,549,453.	19,135,187.	290,732.	1,123,534
	Joint costs. Complete this line only if the organization	_0,010,100		223,732.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Jacounonia campaign and fulful along solicitation.		1		

Form 990 (2019)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,960,461.	1	4,163,174.		
	2	Savings and temporary cash investments	53,585,376.	2	51,097,393.		
	3	Pledges and grants receivable, net			2,768,285.	3	6,140,621.
	4	Accounts receivable, net			14,457.	4	11,260.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqual		,			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	49,021.
Assets	8	Inventories for sale or use				8	
٩	9	Prepaid expenses and deferred charges			65,972.	9	65,598.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		215,495.			111 501
	b			103,874.	63,130.	10c	111,621.
	11	Investments - publicly traded securities			974,502.	11	1,537,095.
	12	Investments - other securities. See Part IV, line			143,335.	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			E 000	14	225 520
	15	Other assets. See Part IV, line 11			7,083.	15	335,738.
	16	Total assets. Add lines 1 through 15 (must equ			59,582,601.	16	63,511,521.
	17	Accounts payable and accrued expenses			163,873.	17	239,131.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				22	
Lia	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p.				24	
	23	parties, and other liabilities not included on line					
		of Schedule D	,		1,266.	25	335,738.
	26				165,139.	26	574,869.
		Organizations that follow FASB ASC 958, ch					3.2,000
es		and complete lines 27, 28, 32, and 33.		_			
auc	27				-1,957,206.	27	-2,806,330.
Bali	28	Net assets with donor restrictions			61,374,668.	28	65,742,982.
2		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds	3			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Æ	32	Total net assets or fund balances			59,417,462.	32	62,936,652.
	33				59,582,601.	33	63,511,521.
	-				· •		Form 99

OIII	1330 (2013)				ıα	<u>gc</u>
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				<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>53.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,	41	7,4	62.
5	Net unrealized gains (losses) on investments	5		18	5,0	09.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	62,	93	5,6	52.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

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 Employer identification number

Name of the organization

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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 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 а 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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.

f Enter the number of supported organizations										
g Provide the follo	g Provide the following information about the supported organization(s).									
(i) Name of su	(i) Name of supported		(iii) Type of organization	(iv) Is the organization listed in your governing document?		(v) Amount of monetary	(vi) Amount of other			
organiza	tion		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
Total										

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

е

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")	12778261.	15560380.	20967870.	47839752.	22905224.	120051487
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	12778261.	15560380.	20967870.	47839752.	22905224.	120051487
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)						59455300.
6	Public support. Subtract line 5 from line 4.						60596187.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	12778261.	15560380.	20967870.	47839752.	22905224.	120051487
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	73,813.	148,780.	198,556.	441,544.	952,498.	1815191.
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	ļ					
	assets (Explain in Part VI.)	975.	6,956.				7,931.
11	Total support. Add lines 7 through 10						121874609
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stop	p here					>
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2019 (•	***		14	49.72 %
	Public support percentage from 2018					15	41.51 %
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		>
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	າ in Part VI how the	Э
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	ly supported organ	nization	>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	š >
					Sche	dule A (Form 990	or 990-E7) 2019

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

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

Sec	tion A. Public Support	now, piease comp	Dicto Fatt II.j				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
	Tax revenues levied for the organization'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						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
8 Sec	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	e firet second this	d fourth or fifth to	I av vear as a sectio	n 501(c)(3) organiz	I
	check this box and stop here	•			•	. , . ,	•
Sec	tion C. Computation of Public	c Support Per	rcentage				······································
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box an	d stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	>
	33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
30		
_		
4a		
4b		
40		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		<u> </u>

		70000	J Pa	age 5
Pa	rt IV Supporting Organizations (continued)		1	
44	Lies the every retire accepted a gift or contribution from any of the following necessary		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	·	11c		
	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.	1110		
	active to the composition of the		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities. If the organization had more than one supported organization,			l
	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			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	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			l
	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			l
	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			l
	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 year (see instructions	;) .		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				l
	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,			l
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0,		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ม	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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

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

other Type III non-functionally integrated supporting organizations must cor Section A - Adjusted Net Income	Inplote God	(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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
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		
Section 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-functionall	v integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	TIV Type III Non-Functionally Inte	grated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to a				
2	Amounts paid to perform activity that directly				
	organizations, in excess of income from activit	.y			
3	Administrative expenses paid to accomplish ex	xempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approva	ıl required)			
6	Other distributions (describe in Part VI). See in	nstructions.			
7	Total annual distributions. Add lines 1 through	gh 6.			
8	Distributions to attentive supported organization	ons to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C,	line 6			
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see instructio	ns)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C,	line 6			
2	Underdistributions, if any, for years prior to 20	19 (reason-			
	able cause required- explain in Part VI). See in	structions.			
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instruction	ons)			
j	Remainder. Subtract lines 3g, 3h, and 3i from	3f.			
4	Distributions for 2019 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to	2019, if			
	any. Subtract lines 3g and 4a from line 2. For r	result greater			
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtra				
	and 4b from line 1. For result greater than zero				
	Part VI. See instructions.	·			
7	Excess distributions carryover to 2020. Add	l lines 3j			
	and 4c.	,			
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule 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.

00.40

2019

OMB No. 1545-0047

Name of the organization

RAINFOREST TRUST

13-3500609

Organization type (check one):								
Filers of: Section:								
Form 990 or	990-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	r organization is covered by the General Rule or a Special Rule . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule	e							
	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or perty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rule	es ·							
sec any	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.							
yea	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
yea is cl purl	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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

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

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

Name of organization Employer identification number

RAINFOREST TRUST 13-3500609

Part I	Contributors (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		\$2,025,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,027,152.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 663,559.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$518,048.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$506,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

RAINFOREST TRUST 13-3500609

Part II N	oncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			

Name of organization **Employer identification number** RAINFOREST TRUST 13-3500609 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ls or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	- ((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		4	
3	Aggregate value of grants from (during year)		4	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor ad	vised fund	ds
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can I	oe used o	nly
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	se conferr	ing
D :				
Pai	301112131311111111111111111111111111111		0, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	Preservation	of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the for	m of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	()			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organi	ization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	•	_	
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing co	onservatio	on easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation ea	sements during the year
•	Does each conservation easement reported on line 2(d) above		70/L\/4\/D\	(2)
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	ote to the organization's infancial state	inents th	at describes trie
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	8. not to report in its revenue statemen	t and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	,		
	service, provide in Part XIII the text of the footnote to its finan	•		•
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L A
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS		- /	
а				> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019

Par	t III Organizations Maintaining Coll	ections of Art, His	torical Treasures,	or Other S	imilar Asse	ets (continued)
3	Using the organization's acquisition, accession,					,
	collection items (check all that apply):					
а	Public exhibition	d] Loan or exchange prog	ıram		
b	Scholarly research	е 🗌	Other			
С	Preservation for future generations		•			
4	Provide a description of the organization's collection	ctions and explain how	they further the organizat	tion's exempt	purpose in Pa	art XIII.
5	During the year, did the organization solicit or re	eceive donations of art, I	nistorical treasures, or ot	her similar as	sets	
	to be sold to raise funds rather than to be maint	ained as part of the org	anization's collection?			Yes No
Par	t IV Escrow and Custodial Arrange					V, line 9, or
	reported an amount on Form 990, Part X					
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or other a	ssets not inc	luded	
	on Form 990, Part X?				[Yes No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following	table:			
						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 Form				? [Yes No
	If "Yes," explain the arrangement in Part XIII. Ch					
Par						
					Three years bad	ck (e) Four years back
1a	Beginning of year balance	, , ,			, ,	
b	Contributions					
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
	Other expenditures for facilities					
·	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current	t year end halance (line	1a column (a)) held as:			
a	Board designated or quasi-endowment	•	rg, column (a)) nolu as.			
b	Permanent endowment					
	Term endowment ▶ %					
·	The percentages on lines 2a, 2b, and 2c should	egual 100%				
32	Are there endowment funds not in the possession	•	nat are held and administ	arad for the c	rganization	
oa	· ·	on or the organization ti	iat are field and administ	cica ioi tiic c	ngamzation	Yes No
	by: (i) Unrelated organizations					3a(i)
						···
h	(ii) Related organizations	ne lieted as required on	Schodulo D2			3b
4						30
	Describe in Part XIII the intended uses of the org		iulius.			
	Complete if the organization answered		IV line 11a See Form 90	O Part Y line	a 10	
	-	(a) Cost or other			umulated	(d) Dook volue
	Description of property	basis (investment)	(b) Cost or other basis (other)	1 ' '	ciation	(d) Book value
	Land	Dadio (invodinioni)	24010 (011101)	Сорге	J.4.1011	
_	Land					
b	Buildings			1		
C	Leasehold improvements		215,495	10	3,874.	111,621.
d	Equipment		410,430	1	J, U/4•	111,021.
	Other					111,621.
ıota	. Add lines 1a through 1e. (Column (d) must equa	ai ⊢orm 990. Part X. colu	ımn (B). line 10c.)			111,041.

Schedule D (Form 990) 2019 RAINFOREST	TRUST	13	-3500609 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security		(c) Method of valuation: Cost or end	d-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 "Ye			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(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 "Ye	s" on Form 990 Part IV line	11d See Form 990 Part X line 15	
	(a) Description		(b) Book value
(1)	(,		(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B)	line 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY FOR OPER	ATING		
(3) LEASE			335,738.
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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

Schedule D (Form 990) 2019

335,738.

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

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			04 060 500
1					1	24,069,728.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	106 000		
а		nrealized gains (losses) on investments		186,009.		
b		ed services and use of facilities		1,085.		
С		veries of prior year grants				
d		(Describe in Part XIII.)				105 004
е		nes 2a through 2d			2e	187,094.
3		act line 2e from line 1			3	23,882,634.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
С		nes 4a and 4b			4c	0.
5 Do:	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Reconciliation of Expenses per Audited Financial Statem	onto With	Evnonces per B	5	23,882,634.
Pa	IL AII			Expenses per H	etur	11-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12				20 550 520
1		expenses and losses per audited financial statements			1	20,550,538.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	1 005		
а		ed services and use of facilities		1,085.		
b		/ear adjustments				
С		losses				
d		(Describe in Part XIII.)				1 005
		nes 2a through 2d			2e	1,085. 20,549,453.
3		act line 2e from line 1			3	20,549,453.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
		nes 4a and 4b			4c	20,549,453.
Pai	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.			5	20,349,433.
			+ IV/ lines 1b 4	and Oh: Dort V. line 4	. Dort '	V line 0: Dort VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			, Part i	A, IIIle 2, Part AI,
ines	zu and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ullional miom	iation.		
DΔI	א שא	, LINE 2:				
LAI	<u> </u>	, LINE 2.				
тнт	Z OR	GANIZATION IS EXEMPT FROM FEDERAL AND	LOCAL T	NCOME TAXE	S III	NDER
	<u> </u>	OMIDATION TO DADMIT TROM IDDURAL AND	HOCKH I	HAMI THAIL	0.	Ирпи
SEC	חדיתי	N 501(C)(3) OF THE INTERNAL REVENUE CO	DE AND	A STMTLAR	PRO'	VISTON OF
		N 301(C)(3) OI IND INIDIMID REVENUE CO	<u> </u>	71 DIMILIM	1110	VIDION OI
STZ	ΔTE	LAW. THE ORGANIZATION IS NOT CLASSIFIE	D AS A	PRIVATE FO	UND	ATTON.
<u> </u>			<u> </u>	11(111111111111111111111111111111111111	0112	11110111

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.

Inspection

Name of the organization

Employer identification number

RAINFOREST TRUST 13-3500609 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

United States.	inbe in Part V the	organization s	procedures for monitoring the use of its	s grants and other assistance out	side trie
3 Activities per Region. (TI	he following Part (b) Number of	I, line 3 table ca	an be duplicated if additional space is n	needed.) (e) If activity listed in (d)	(f) Total
(a) Region	offices	`émployees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				FINANCIAL SUPPORT FOR	
CENTRAL AMERICA AND			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	1 100 561
THE CARRIBEAN	0	0	SERVICES	LOCAL PARTNERS	1,120,561.
				FINANCIAL SUPPORT FOR	
EAST ASIA AND THE			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
PACIFIC	0	0	SERVICES	LOCAL PARTNERS	2,688,216.
				FINANCIAL SUPPORT FOR	
			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
EUROPE	0	0	SERVICES	LOCAL PARTNERS	125,912.
				ETNANGTAL GUDDODE FOR	
				FINANCIAL SUPPORT FOR	
GOLUMIA AMERICA			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	2 556 260
SOUTH AMERICA	0	0	SERVICES	LOCAL PARTNERS	3,556,269.
				FINANCIAL SUPPORT FOR	
			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
SOUTH ASIA	0	0	SERVICES	LOCAL PARTNERS	1,136,075.
				FINANCIAL SUPPORT FOR	
			CONSERVATION PROGRAM	PROGRAM EXPENSES TO	
SUB-SAHARAN AFRICA	0	0	SERVICES	LOCAL PARTNERS	1,743,105.
				EINANGIAI GUDDODE EOD	
			GONGERYATION PROGRAM	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO	
NODEL AMEDICA	0	0	CONSERVATION PROGRAM	LOCAL PARTNERS	E01 060
NORTH AMERICA	0	0	SERVICES	LOCAL PARTNERS	591,968.
3 a Subtotal	0	0			10,962,106.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			10,962,106.

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

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	1134140.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	997,711.	WIRE	0.		DISBURSED
		CENTRAL AMERICA &	DDOGDAM GUDDODE	0.46 661	NATE OF THE PARTY			ACTUAL AMOUNT
		THE CARRIBEAN	PROGRAM SUPPORT	846,661.	WIRE	0.		DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	765,201.	WIRE	0.		ACTUAL AMOUNT DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	627,627.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	562,598.	WIRE	0.		DISBURSED
		EAST ASIA & THE	DDOGDAM GUDDODM	442 052	MIDE	0.		ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	442,853.	MIKE	0.		DISBURSED
								A CHILL A MOINT
		NORTH AMERICA	PROGRAM SUPPORT	381,310.	WIRE	0.		ACTUAL AMOUNT DISBURSED

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

	by the me, or for which the grantee or councernae	ordinada a dodinari da r(o)(o) da artaiorio y fottor	
3	Enter total number of other organizations or entities		

84

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions 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	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	241,406.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	195,741.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	194,913.	WIRE	0.		DISBURSED
		CENTRAL AMERICA &						ACTUAL AMOUNT
		THE CARRIBEAN	PROGRAM SUPPORT	193,263.	WIRE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	189,986.	WIRE	0.		ACTUAL AMOUNT DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	176,425.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	175,417.	WTRE	0.		ACTUAL AMOUNT
		Booth immitten	TROOMER BOTTON	173,117.				BIBBONBER
		SOUTH AMERICA	PROGRAM SUPPORT	168,908.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	168,456.	WIRE	0.		DISBURSED

scriedule F (FOITH 990)		OKEDI IKODI			10 00	00005		raye i
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	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	158,003.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	155,200.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	153,314.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	139,757.	WIRE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	138,726.	WIDE	0.		ACTUAL AMOUNT DISBURSED
		AFRICA	FROGRAM SUFFORT	130,720.	MIKE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	130,944.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	118,922.	WIRE	0.		DISBURSED
		EAST ASIA & THE		10= 22-	L	_		ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	107,090.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	98,287.	WIRE	0.		DISBURSED

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	1 ago 2
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	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								A CITYLA I A MOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	89,801.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	88,965.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	88,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
				,				
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	83,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA & THE CARRIBEAN	PROGRAM SUPPORT	80,637.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	80,301.	WIRE	0.		DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	80,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	80,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
			PROGRAM SUPPORT	73,563.	WIRE	0.		DISBURSED

Part II Continuation o	Grants and Other	Assistance to Organiza	tions 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	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	71,903.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	67,363.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	65,057.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	63,609.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	61,538.	WIRE	0.		DISBURSED
				50.070	L			ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	60,970.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	56,306.	WIDE	0.		ACTUAL AMOUNT DISBURSED
		DOUTH AMERICA	INGGRAM SUFFORT	30,300.	WINE	0.		PISONSED
		GUD GAMADAN						2 (111)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	52,148.	WIRE	0.		ACTUAL AMOUNT DISBURSED
				-2,220.				
		SUB-SAHARAN						ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	51,297.	WIRE	0.		DISBURSED

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	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	51,074.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	50,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	50,000.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	49,072.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	47,349.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	45,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	42,097.	WIRE	0.		DISBURSED
				, -				
		ENGE NOTA C THE						A CIMILA I AMOUNT
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	42,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
					_			
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	41,284.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		r			I	· • • • • • • • • • • • • • • • • • • •		

scriedule F (FOITH 990)	1(11111	OKEDI IKODI			10 00	00005		Fage
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	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
								ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	35,912.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	30,311.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	30,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	28,474.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	28,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	24,800.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	24,000.	WIRE	0.		DISBURSED

Part II Continua	ation of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organiz	zation (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	22,989.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	22,984.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	20,569.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	20,548.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	17,053.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	16,709.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	15,544.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	15,392.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	15,044.	WIRE	0.		DISBURSED

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	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	13,043.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	10,000.	WIRE	0.		DISBURSED
						_		ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	10,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIDE	0.		ACTUAL AMOUNT DISBURSED
		AFRICA	FROGRAM SUFFORT	10,000.	MIKE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
				, -				
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	9,000.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	8,930.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	7,979.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	7,410.	WIRE	0.		DISBURSED

Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	7,379.	WIRE	0.		DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	6,790.	WIRE	0.		ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	6,045.	WIRE	0.		ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,162.	WIRE	0.		ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL AMOUNT

Part III Grants and Other Assistance			tes. Complete i	f the organization answered "Yes" of	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is needed (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 OUESTIONNAIRE 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.

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.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RAINFORES	T TRUST						Employer identification number 13-3500609
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						
Part II Grants and Other Assistance to	_				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1	1			(f) Method of	Т	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAITI NATIONAL TRUST INC.							
8365 SW 112TH STREET							
MIAMI, FL 33156	82-0939752	501(C)(3)	46,000.	0.			PROGRAM SUPPORT
PARA LA NATURALEZA							
PO BOX 9023978	66 0001404	E01/G)/2)	250 003	0			DDOGDAM GUDDODE
SAN JUAN, PR 00902	66-0801404	501(C)(3)	259,993.	0.			PROGRAM SUPPORT
WOLF CREEK OPERATING FOUNDATION							
100 FOUR FALLS CORP CENTER							
WEST CONSHOHOCKEN, PA 19428	82-4863614	501(C)(3)	4,000,000.	0.			PROGRAM SUPPORT
ZOO OUTREACH ORGANIZATION TRUST							
PO BOX 1511							
HIGH SPRINGS, FL 32655	20-1500502	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MARINE ROBOTICS & REMOTE SENSING							
LAB, DUKE UNIVERSITY MARINE LAB -							
135 DUKE MARINE LAB ROAD -							
BEAUFORT, NC 28516	56-0532129		19,468.	0.			PROGRAM SUPPORT
WOODLAND PARK ZOOLOGICAL SOCIETY 5500 PHINNEY AVENUE							
SEATTLE, WA 98103	91-6070005	501(C)(3)	20,475.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	-	-					

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Othe	r Assistance to Gov	ernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
MUE MUDDI E CONCEDUANCY 11C							
THE TURTLE CONSERVANCY - US PO BOX 1289							
OJAI, CA 93024	20-2899240	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
•			,				
				<u> </u>			0 - 1 - 1 - 1 - 1 - (5 000)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
RAINFOREST TRUST PERFORMS DUE DILIC	GENCE BY	VETTING TH	HE PARTNERS	AND PROJECT	
PROPOSALS THROUGH OUR ADVISORY COU	NCIL AS W	ELL AS INI	DEPENDENT C	ONSERVATION	
SCIENTISTS AND PRACTITIONERS SERVE	AS REVIE	WERS. WE A	ALSO CONTAC	T OTHER	
FUNDERS TO REQUEST CONFIDENTIAL EV	ALUATIONS	OF THE PA	ARTNER'S GO	VERNANCE,	
INSTITUTIONAL STABILITY, ABILITY TO	O EXECUTE	THE PROJE	ECT, AND AB	ILITY TO	
MANAGE THE GRANT. IF THE PARTNER O	RGANIZATI	ON IS ABLE	E TO ACCOUN	T FOR ANY	
NEGATIVE FEEDBACK FROM THE PEER RE	VIEW AND	OTHER FUNI	DER REVIEW	PROCESS	
ADEQUATELY THE PROJECT THEN MOVES (

Part IV Supplemental Information
DIRECTORS.
ONCE THE PROJECT IS APPROVED, WE WORK CLOSELY WITH PARTNERS TO MAKE SURE
THE PROJECT IS IMPLEMENTED EFFECTIVELY. THE PROJECT OFFICER CHECKS IN WITH
EACH PARTNER AT LEAST MONTHLY TO CHECK ON PROGRESS AND OFFER ADVICE ON
OVERCOMING ANY CHALLENGES. PAYMENTS ARE DISBURSED QUARTERLY, CONTINGENT ON
SATISFACTORY TECHNICAL PROGRESS AND FINANCIAL REPORTS. PROGRESS REPORTS
MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARDS THE CREATION OF A
NEW PROTECTED AREA AT A SATISFACTORY PACE. FINANCIAL REPORTS MUST SHOW
FUNDS ARE BEING SPENT AS THE ORIGINAL APPROVED BUDGET SPECIFIED. IF THE
PROJECT IS NOT PROGRESSING AS IT SHOULD, NO NEW PAYMENTS ARE SENT. ON
LONGER TERM PROJECTS A RFT CONSERVATION OFFICER WILL VISIT THE SITE TO
VERIFY AND/OR TROUBLESHOOT PROJECT STATUS. ANY PROJECTS THAT INCLUDE A LAND
PURCHASE ARE REQUIRED TO PROVIDE A COPY OF THE LAND TITLE. LASTLY, OUR
GEOGRAPHIC INFORMATION SYSTEMS SPECIALIST USES SATELLITE DATA TO MONITOR
DEFORESTATION IN OUR PROJECT SITES.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► 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

2019 Open To Public

Name of the organization

Inspection
Employer identification number

R	AINFORES'	T TRUST						13	-35	006	09				
Part I Excess Benef	fit Transaction	ons (section 50	01(c)(3), secti	ion 501(c)(4), and sec	ction	1 501(c)(29) orga	nizatio	ns on	ly).					
Complete if the or	rganization answ	vered "Yes" on I	orm 9	90, Pa	art IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.					
1 (-))	(b) R	Relationship bety			ified						(d) Corrected?				
(a) Name of disqualified pe	erson	person and or	ganiza	ation	(0	;) De	escription of tran	sactic	n		Y	es	No		
2 Enter the amount of tax in	curred by the or	ganization man	agers	or disq	qualified persons duri	ng t	he year under								
section 4958									> \$						
3 Enter the amount of tax, if	f any, on line 2, a	above, reimburs	ed by	the org	ganization				> \$						
Part II Loans to and	or From Inte	erested Pers	sons.												
Complete if the or	rganization answ	ered "Yes" on I	orm 9	990-EZ,	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	e orga	nizatio	n			
reported an amou	ınt on Form 990,	Part X, line 5, 6	6, or 22	2.											
	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due		,	(h) Ap by bo	proved ard or	(1)	ritten		
interested person	with organization	of loan		zation?	principal amount			defa	default? com		lefault'? cómm		ittee?	agree	ment?
			То	From				Yes	No	Yes	No	Yes	No		
Total	···		<u></u>		\$										
Part III Grants or Ass	sistance Ben	efiting Inter	este	Per	sons.										
Complete if the or		vered "Yes" on I	orm 9	90, Pa	art IV, line 27.		_								
(a) Name of interested pe	erson (b) Relationship			(c) Amount of		(d) Type) Purp		:		
		interested pers		d	assistance		assistan	ce		•	assista	ance			
		tric organiza	20011						_						
									-+						
									-+						
									-+						
									-+						
									_						
									_						

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 KAINFO			13-3500	909	Page 2
Part IV Business Transactions Involv	•				
(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
SARA SALAMAN	FAMILY MEMBER OF FO		SALARY PAID		X
MALISSA CADWALLADER CONSUL	MALISSA CADWALLADER	24,320.	CONSULTING		Х
Part V Supplemental Information.					
Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D PERSONS:		
(A) NAME OF PERSON: SARA S	ALAMAN				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
FAMILY MEMBER OF FORMER CE	0				
(D) DESCRIPTION OF TRANSAC	TION: SALARY PAID FO	R THE LATIN	I AMERICA		
CONSERVATION DIRECTOR					
OCH DENTILLON DENEDON					
(A) NAME OF PERSON: MALISS	A CADWALLADER CONSIL	TTNC			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
MALISSA CADWALLADER IS AN	OWNER OF THE CONSULT	ING FIRM AN	ID A FORMER	000	
(D) DESCRIPTION OF TRANSAC	TION: CONSULTING SER	VICES			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Employer identification number RAINFOREST TRUST 13-3500609

Pai	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of donumental moncash contribution		nte
		арріісаріє		Form 990, Part VIII, line 1g	Horicasii contrib	ation amou	113
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	16,257	537,111.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	37	4	1 710	COMPADADIE	<u> </u>	
25	Other (OTHER GOODS)	X	4	1,/12.	COMPARABLE	SALES	
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization completed Form 828		•				
	for which the organization completed Form 828	o, Part IV, L	Donee Acknowledg	jement 29		Voc	No
202	During the year did the organization receive by	contributio	n any proporty ron	orted in Part I lines 1 throug	h 28 that it	res	No.
Sua	During the year, did the organization receive by must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•	•		30a	х
h	If "Yes," describe the arrangement in Part II.					30a	+*
31		olicy that re	guires the review o	of any nonstandard contribut	ions?	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					31	+**
JEA			_			32a	X
h	contributions? If "Yes," describe in Part II.					OZ.U	+
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked.		
	describe in Part II.	(0) 101		.s. mish ssianin (a) is one	,		

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

932142 09-27-19

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART

RAINFOREST TRUST

III,

SALARIES FOR PARK RANGERS.

Employer identification number 13-3500609

WE HELPED DECLARE, PURCHASE OR EXPAND 33 NEW PROTECTED IN TOTAL, AREAS FOR A TOTAL OF 3,472,994 ACRES. THIS BRINGS THE TOTAL ACRES SAVED SINCE OUR FOUNDING TO MORE THAN 24 MILLION ACRES ACROSS 63 COUNTRIES; WE HELPED DESIGNATE THE 2.1 MILLIONACRE (B) WITH OUR PARTNER, RHUKANRHUKA MUNICIPAL RESERVE IN BOLIVIA, WHICH CONNECTS A LARGE NETWORK OF NATIONAL PROTECTED AREAS AND INDIGENOUS LANDS; (C) WE HELPED DESIGNATE 117,000 ACRES (ALMOST 25% LARGER THAN ORIGINALLY PROPOSED) OF SWAMP FOREST AS THE EKOLA YA BONOBO COMMUNITY RESERVE, THE ONLY SITE IN THE WORLD WHERE THE CRITICALLY ENDANGERED BONOBO (PRIMATE) HAS BEEN REINTRODUCED; (D) WITH OUR PARTNER, WE DESIGNATED THE 788,000ACRE NIJHUM DWIP MARINE RESERVE IN BANGLADESH FOR SEVERAL SPECIES OF DOLPHINS, AND RAYS. THIS FIRST DESIGNATION, ENDANGERED SHARKS, IN THE NORTHERN BAY OF BENGAL, IS PART OF A PROJECT TO PROTECT CLOSE TO 3 MILLION ACRES OF CRITICAL MARINE HABITAT; (E) WE HELPED CREATE THE 97,670acre san luis s'bkalis'suwi indigenous community conservation

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.

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

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

AREA IN THE PHILIPPINES.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 **Employer identification number** Name of the organization 13-3500609 RAINFOREST TRUST FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ICFC & DOCUMENTARY EXPENSES \$ 16,914. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD REVIEWS THE FORM 990 AND RECEIVES COMMENTS BEFORE THE FORM IS FILED. 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,CA,CO,CT,DC,FL,IL,MD,MA,MN,NH,NJ,NY,NC,OH,OR,PA,SC,TX,VA,WA,WI FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE ON OTHER WEBSITES AS WELL AS OUR

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

OWN WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2019)		Page 2	
Name of the organization RAINFOREST TRUST	Employer identification number 13-3500609		
THE ORGANIZATION PUBLISHES ITS FINANCIAL STATEMENTS, CONFL	ICT OF	INTEREST,	
RECORDS & RETENTION, COMP POLICY.			
·			

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2019

PREPARED FOR:

RAINFOREST TRUST 7078 AIRLIE ROAD WARRENTON, VA 20187

PREPARED BY:

SIKICH LLP 1199 N. FAIRFAX STREET 10TH FLOOR ALEXANDRIA, VA 22314

AMOUNT OF TAX:

BALANCE DUE OF \$1,525

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019									
Check if Applicable: Address Change	f Applicable: Name of Organization: Employer Identification Number (EIN):								
Name Change	Mailing Address: NY Registration Number:								
Initial Filing									
Final Filing	City / State / ZIP:			Telephone:					
Amended Filing	WARRENTON, VA	20187		800 456-4930					
Reg ID Pending	Website:			Email:					
	WWW.RAINFORESTTRUST.ORG LIZ.HOWARD@RAINFORE								
Check your organization	S			Confirm your Pagistration Catagory in the					
registration category:	7A only EPTI	$_{\scriptscriptstyle -}$ only $\qquad \qquad \overline{\mathbf{X}} \qquad DUAL \ (7A \ \& \ A)$		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.					
2. Certification				•					
	fication requirements. Improp	er certification is a violation of	of law that may be subject	to penalties. The certification requires					
two signatories.									
	penalties of perjury that we rev re true, correct and complete			best of our knowledge and belief, oplicable to this report.					
			DR. JAMES	C. DEUTSCH					
President or Authorized	Officer:		CEO						
	Signature		Print Nam	e and Title Date					
Objet Figure is LOtter on	T								
Chief Financial Officer of			Drint Nam	e and Title Date					
	Signature		Print Nam	e and Title Date					
3. Annual Reportin	g Exemption								
		r organization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both					
				ed Char500. No fee, schedules, or					
-				e exemption, you must file applicable					
	nts and pay applicable fees.	The art of	a mor inat claims crift cit	o onemphon, you much me apphease					
	·····								
3a. 7A fili	na exemption: Total contribut	ons from NY State including	residents, foundations, go	overnment agencies, etc. did not					
	<u> </u>			raising counsel (FRC) to solicit					
contributi	ons during the fiscal year.								
3b. EPTL	filing exemption: Gross receip	ots did not exceed \$25,000 a	and the market value of as	sets did not exceed \$25,000 at any time					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.									
4. Schedules and A	ttachments								
See the following page									
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer									
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.									
schedules and	ior iuno		attachments to						
	ior iuno	3 ** ,							
		the organization receive gov	rernment grants? If yes, co	omplete Schedule 4b.					
attachments to complete your filing.		,	ernment grants? If yes, co	omplete Schedule 4b.					
attachments to complete your filing.	Yes X No 4b. Did	the organization receive gov		omplete Schedule 4b.					
attachments to complete your filing. [5. Fee See the checklist on the	Yes X No 4b. Did 7A filing fee:	,	rernment grants? If yes, co						
attachments to complete your filing. 5. Fee See the checklist on the next page to calculate your	Yes X No 4b. Did 7A filing fee:	the organization receive gov		Make a single check or money order					
attachments to complete your filing. [5. Fee See the checklist on the	Yes X No 4b. Did 7A filing fee:	the organization receive gov							

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

968451 01-08-20 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:						
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)					
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants						
Check the financial attachments you must submit with your CHAR500:						
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable						
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.						
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revening filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the					
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	·					
Review Report if you received total revenue and support greater than \$250,00	0 and up to \$750,000.					
X Audit Report if you received total revenue and support greater than \$750,000						
No Review Report or Audit Report is required because total revenue and supp	•					
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required					
Calculate Your Fee						
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?					
	Organizations are assigned a Registration Category upon					
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:					
\$0, if you checked the 7A exemption in Part 3a	7A Class are residented to a Path and the House in New York					
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")					
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.					
\$0, if you checked the EPTL exemption in Part 3b	DUAL filers are registered under both 7A and EPTL.					
\$25, if the NET WORTH is less than \$50,000	•					
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration					
\$250, if the NET WORTH is \$250,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These					
\$750, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports					
X \$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.					
(22) \$1500, II the NET WORTH IS \$50,000,000 of Hore	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .					
Send Your Filing						
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:					
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22					
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21					
28 Liberty Street	 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and 					
New York, NY 10005	Total Liabilities (Part II, line 23(b)).					

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

968461 01-08-20 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

Page 2