Department of the Treasury Internal Revenue Service

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

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



Ā	For	the 2017 calendar year, or tax year beginning and e	nding	information.	Inspection
	Check				47
_				D Employer Identi	fication number
Ē	Ad	RAINFOREST TRUST			
	ch	ange Doing business as	· · · · · ·	13_	3500609
Ľ	hni ret	Wn Number and street (or P.O. box if mail is not delivered to street address)	loom/suite		the second s
L	Fir	IN 7078 AIRLIE ROAD	ICOTTI SURG		-456-4930
	ate	and zim of torted others of province, country, and zim of toreign nostal code		G Gross receipts \$	33,087,476.
Ļ	ret	WARRENTON, VA 20187		H(a) Is this a group	
L	լտ		·		
_		SAME AS C ABOVE			
1	Tax-	exempt status: 🗶 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or	527		a list. (see instructions)
<u> </u>	Web	site: WWW.RAINFORESTTRUST.ORG		H(c) Group exempti	
		of organization: X Corporation Trust Association Other	L Year o	of formation: 1989	M State of legal domicile: VA
E	Part				
e S	1		ISSIO	N OF RAINFO	REST TRUST
μęr		15 IO PROTECT THREATENED RAINFORESTS AND I	PROTE	CT ENDANCER	PD WITCH TRR
Activities & Governance	2	Check this box the organization discontinued its operations or discosed	d of more	than 25% of its net a	ssets.
ĝ	3	Number of voting members of the governing body (Part VI, line ta)			11
90 10	4	Number of independent voting members of the doverning hody (Part Villing 1b)			11
itie:	5	rotar number of individuals employed in calendar year 2017 (Part V line 2a)		-	51
Ť.	6	Total homoer of volunteers (estimate if necessary)			11
Ă	1	- Your on earled business revenue from Part VIII. Column (Cl. Ine 12			
	╧	5 Net unrelated business taxable income from Form 990-T, line 34			0.
d 5	8	Contributions and grants (Part VIII line 14)	;	Prior Year	Current Year
Revenue	9	Contributions and grants (Part VIII, line 1h)		15,560,380.	20,967,870.
eve	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·····	0.	0.
œ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	····	139,173.	268,773.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·····	6,956.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	····. -	5,706,509.	21,236,643.
	14	Herefore hold to by for momenta (D_{-}) , $B(-)$, (A_{-}) , (A_{-})		4,154,159.	10,004,082.
ន	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0. 1,375,460.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 732,541	·····	<u>,,,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,	2,216,945.
, xp	l b	Total fundraising expenses (Part IX, column (D), line 25)		• •	0.
щ	1 11	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		671,147.	024 504
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	6,200,766.	934,594. 13,155,621.
. 10	1 19	Revenue less expenses. Subtract line 18 from line 12	·····	-494,257.	8,081,022.
Net Assets or Fund Balances			Beni	nning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	1	6,927,412.	25,112,302.
etA	21	Total liabilities (Part X, line 26)	····	9,679,500.	29,538.
	22	Net assets or fund balances. Subtract line 21 from line 20		7,247,912.	25,082,764.
<u> </u> ra					
true	e pena corro	alties of perjury, I declare that I have examined this return, including accompanying schedules and	d statemen	ts, and to the best of my	knowledge and belief, it is
100,	- UII OI	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer ha	is any knowledge.	
Sign	,	Signature of officer			
Here		PAUL SALAMAN, CEO		Date	······································
	-	Type or print name and title			
Paid		SVETLANA CHEBAKINA			
Prep	arer	Firm's name HALT, BUZAS & POWELL, LTD.	<u> </u>	/01/18 self-amployed	P01399152
Use (Only	Firm's address 1199 N. FAIRFAX ST. 10TH FLOOR		Firm's EIN 🛌	26-0004395
		ALEXANDRIA, VA 22314		Dhare we / 70	121 026 1250
May	the II	RS discuss this return with the preparer shown above? (see instructions)		Prione no. (/ C	3) 836-1350
73200	1 11 0	8-17 LUA Ers Densmund Date at a state and the state instructions)			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 732001 11-28-17 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	art III Statement of Program Service Accomplishments	00609
	Check if Schedule O contains a response or note to any line in this Part III	
1	priority dopende ind organization s mission.	
	THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED RAIN	
		TORESTE
		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	phot Porta 990 or 990-E22	Yes [
~		•
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [
	in res, describe trese changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l Section 5(1(c)(3) and 5(1(c)(4) organizations are particulated by the section of the section o	hy evpensor
		levoenses,
	- even det i day, for odon program service reported.	скрепаез, аг
4a		·······
	THE LAND PURCHASE AND RESERVE CREATION PROCEDURE ON FORMER	
	TOBMILLICATION AND PROTECTION OF THE HIGHER DETODITY TAXES T	
	THE MODE INCLUDING DIRECT HAND PURCHASE AND COMPANYMANTA DIRECT	
	INDIGENOUS COMMUNITIES AND OTHER ENTITIES TO ATTAI LOCAL PARTIN	
	TANK TANK TARDI TRUST PROVIDES BUILDANCE DIDITIO WITH TOTAL TRUST	
	THE THE PERIMUTATION AND MONAVARIANT OF NEW DEVERDANDED ADDING SECTOR	
	TO TO TO TONIMENO INCLUDE LAND PURCHAGE AND TEADE AND TRADE	EXPENS
	COMMUNITIES AND GOVERNMENTS, DECLARATION COSTS, LEGAL REVIEW,	TH LOC
4b	(Code:) (Expenses \$352,436. Including grants of \$287,138.) (Revenue \$	
	THE CONSERVATION AND LAND MANAGEMENT PROGRAM SUPPORTS INFRASTR	
	IMPROVEMENTS OF NEW AND EXISTING PROTECTED AREAS INCLUDING GUA	UCTURE
	STATIONS, FENCING, TRAILS, REFORESTATION, MANAGEMENT PLANS AND	ARD
	PROVIDING FOREST GUARDIANS AND OTHER STAFF FROM LOCAL COMMUNIT)
	ASSIST WITH RAINFOREST PROTECTION AND MANAGEMENT.	IES TO
	MANAGEMENT,	
		·····
		·····
	(Code:) (Expenses \$ 784,132. including grapts of \$ 638,852) (5	
	THE CONSERVATION STUDIES AND RAPID RECONCE DOODAN (Revenue)	
i	THE CONSERVATION STUDIES AND RAPID RESPONSE PROGRAM SUPPORTS: TARGETED SEARCHES FOR ENDANGERED SPECIES TO DETERMINE SUPPORTS:	(A)
i	THE CONSERVATION STUDIES AND RAPID RESPONSE PROGRAM SUPPORTS: TARGETED SEARCHES FOR ENDANGERED SPECIES TO DETERMINE WHICH PR WITHIN A REGION HOST SIGNIFICANT UNPROTECTED POPULATIONS OF THE	OPERTIE
i	THE CONSERVATION STUDIES AND RAPID RESPONSE PROGRAM SUPPORTS: TARGETED SEARCHES FOR ENDANGERED SPECIES TO DETERMINE WHICH PR WITHIN A REGION HOST SIGNIFICANT UNPROTECTED POPULATIONS OF KE SPECIES; (B) MEETINGS WITH LOCAL PEOPLE AND COVERNMENT OFFICE	OPERTIE
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	THE CONSERVATION STUDIES AND RAPID RESPONSE PROGRAM SUPPORTS: TARGETED SEARCHES FOR ENDANGERED SPECIES TO DETERMINE WHICH PR WITHIN A REGION HOST SIGNIFICANT UNPROTECTED FOPULATIONS OF KE SPECIES; (B) MEETINGS WITH LOCAL PEOPLE AND GOVERNMENT OFFICIA EVALUATE INTEREST IN CREATING A NEW PROTECTED AREA; (C) INVEST OF LAND TENURE AND PROPERTY PRICES FOR KEY AREAS; (D) ECOTOURI, OTHER PROJECTS TO HELP THE SUSTAINABILITY OF CURRENT PROTECTED RESERVES; AND (E) RAPID RESPONSE PROJECTS TO FIGHT IMMEDIATE TI CURRENT PROJECTS AND PROJECTS IN PROCESS. IN 2017 WE SUPPORTED 21 RAPID PROTECTED AREA FEASIBILITY AWARDS COUNTRIES. MOST STUDIES ARE LEADING TO PROPOSALS TO RAINFOREST CREATE NEW PROTECTED AREAS. IN 2017, WE CREATED A NEW DIVISION Other program services (Describe in Schedule O.) Expenses \$ Inducting grants of \$ Inducting grants	OPERTIE Y LS TO IGATION SM AND HREATS S IN 21 TRUST N WITHIN
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Form 990 (2017) RAINFOREST TRUST Part IV Checklist of Required Schedules

		<u> </u>	······	
1	the second action and a second of (c)(a) or 4947(a)(1) (other than a private foundation)?		Yes	s No
2	In "Yes," complete Schedule A	1	X	-{
3	bid the biganization engage in direct or indirect political campaign activities on behalf of artia opposition to condition to	2	X	. ļ
4	public onice / if a fes, " complete Schedule C, Part [Э		x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	guine and a bostion bo r(c)(4), ou r(c)(0), of our criticito or can be reader and a second s		1	<u>+</u>
~	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III	5		x
6	bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	····	<u> </u>	+
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	}	X
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If *Yes,* complete</i> Schedule D, Part III Did the organization report an amount in Part X line 21 for escape or gusterial account is tributed.	8		x
9	a second the second sec	<u> </u>	<u> </u>	+
	If "Yes," complete Schedule D, Part IV	9		x
10	bid the organization, directly of through a related organization, hold assors in temporarily toothisted and support the second	 	<u> </u>	<u>†</u>
	endowneins, or quasi-endowments? If "Yes," complete Schedule D. Part V	10	1	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	x	[
b			<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>			
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	<u>11c</u>	ŀ	<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u>11e</u>		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		v	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>11f</u>	X	<u> </u>
	Schedule D, Parts XI and XII	120	x	
þ	was the organization included in consolidated, independent audited financial statements for the tax user?	12a		
	in res, and it the organization answered 'No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	The organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule E	13	{	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	the ans organization have aggregate revenues or expenses of more than \$10,000 from graptmaking, fundraising, business			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at theo one of the	- 1	1	
45	or more 7 if Yes, " complete Schedule F, Parts I and IV	14b	x	
15	The the organization report of Educia, column IA), the 3, more than \$5 000 of grapte or other presistance to an feature to an fe			
46	Toreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	The angle including report of the transferred and the standard and the sta			
47	or foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	-		<u> </u>
18		17		<u>x</u>
10	Ic and say if "Yes," complete Schedule G, Part II	18		x
19			1	
	complete Schedule G, Part III	19		х

Form 990 (2017)

732003 11-28-17

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Form 990 (2017) • RAINFOREST TRUST Part IV Checklist of Required Schedules (continued)

		<u></u>	Ye	s No
20	a 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?	206		+
21	ord the organization report more than \$5,000 of grants or other assistance to any domestic expension in the	·	- <u>†</u>	<u>+</u>
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	İ
~~~	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			1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	. [22	<b>_</b>	X
	and tormer officers, directors, trustees, key employees, and highest companyated employees? If type * complete			
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u> </u>	X
	Schedule K. If "No", go to line 25a			
I		24a	<u> </u>	<u> </u>
	any tax-exempt bonds?			+
c	a set of which or worker or loader for builds this and the dupped the year's	. <u>24c</u>	<b> </b>	┉
25a	<ul> <li>Source to react an an exact the second s</li></ul>			<u> </u>
	ransaction with a discualified person during the year? If "Yes," complete Schedule L. Part L.	0.5	ĺ.	ĺ
Ł	The the organization aware that it engaged in an excess benefit transaction with a discuslified porcon in a prior way on the	25a	<u> </u>	<u> </u>
	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			
26	bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or poundice to any extreme an	25b		x
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the prantization provide a start as the set of the set			
27	big and organization provide a grant of other assistance to an officer, director, frustee, key employee, substantiat	_26		X
	contributor of enployee thereof, a grant selection committee member on to a 25% enployee thereof, a grant selection committee member of to a 25%			
	or any or mese persons ? If res, complete Schedule L, Part []			x
28	The following party to a busiless transaction with one of the following parties (see Schedule L. Davi IV	27		A 2005
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1894829	X
D D	A family member of a current or former officer, director, trustee, or key employee? If "Yes " complete Schodula L. Dert 11/	28b		X
U	of the start of which a content of former officer, director, trustee, or key employee (or a family member thereof) was an affin the			<u> </u>
29	on outside, in uside, or unect or indirect owner? If "Yes." complete Schedule I - Part IV	28c		х
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	The site vight sequences by the second secon			
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		X
	IT Yes," complete Schedule N, Part I		ļ	х
32	Schedule N, Part II	31		· ·····
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	4	X
	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R. Part I			v
34	Part V, line 1	33		<u>x</u>
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
b		35a		<u> </u>
	Within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V line 2			
36	The second se	356	+	<u> </u>
	······································	36		x
	a second of the second of the second se			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part Vi	37		х
	ore the organizeron complete schedule U and provide explanations in Schedule O for Dari M. lines 115 and too	<u>⊢~-</u> +	-+	<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	39	x	

Form 990 (2017)

732004 11-28-17

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	n 990 (2017) RAINFOREST TRUST 13-350	იიი	a	Deer
P	Statements Regarding Other IRS Filings and Tax Compliance	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	Page
	Check if Schedule O contains a response or note to any line in this Part V			ſ
			<u></u>	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6133	Ye	s N
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1	ក		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
	(gambling) winnings to prize winners?	- 200	୍କିତ୍ୟୁ	41 de 21
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	- Constantino -		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a	LIQ (DE O(030)/28)(00 have ) threlated business drops income of £1,000		1966	
b	If "Yes," has it filed a Form 990. If for this year?	<u>3a</u>	4	X
4a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	36	<u> </u>	_
	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 forzion equation (such as a hundred of the second sec			
ь	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	L	<u> </u> X
En	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ଅ ଅ	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	bid any taxable party notify the organization that it was or is a party to a prohibited tay shelter transaction?	5b		X
C	If yes, to line 5a or 5b, did the organization file Form 8886-T?	5c		1
ba	because organization have abrillial gross receipts that are normally greater than \$100,000, and did the proparization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a	ļ	X
þ	in a way one organization metude with every solicitation an express statement that such contributions or either	<u> </u>	<u>† – –</u>	
	were not tax deductible?	6b		ĺ
7	er gemeenter in ar may receive deductione contributions under section 170(c).	1000		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	100007	X
Q	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u>  ~ ~</u>	<del> </del>	
	to file Form 8282?			x
đ	If "Yes," indicate the number of Forms 8282 filed during the year7d	7c	100000	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		1995	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<u>_ ^</u>
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	2945-201	
	sponsoring organization have excess business holdings at any time during the year?	93.46 <u>.</u>		
9	Sponsoring organizations maintaining donor advised funds,	8		( <u></u>
а	Did the sponsoring organization make any taxable distributions under section 4966?			
ь	Did the sponsoring organization make a distributions under section 4966?	9a		
0	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
b	Initiation fees and capital contributions included on Part VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations, Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
<b>.</b>	amounts due or received from them.)			
-α	Section 4947(a)(i) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a		21.224
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12h			
5	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u>1995 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>	11.275
	Note: See the instructions for additional information the organization must report on Schedule $\Omega$	1000		
D	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			
Ç.	Enter the amount of reserves on hand			
la I	Pig vig viga izadiuti / subive any payments for indoor tanning convince during the tea years			- <del>.</del> .
ы	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>14a</u>		X

Form 990 (2017)

732005 11-28-17

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 Form 990 (2017)
 RAINFOREST TRUST
 13-3500609
 Page 6

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Page 6

4.	2. Enter the purchase of write and the second			Ye	s
14	a Enter the number of voting members of the governing body at the end of the tax year	11			ੋ
	in a long bird matchai data choces in young nonis among members of the governing body, or if the poverning				
	body belegated broad authority to an executive committee or similar committee, explain in Schedule O				÷.
t	Cheer are number of voting members included in line 1a, above who are independent	11			ŝ
2	bid any onces, director, trustee, or key employee have a family relationship or a business relationship with any other	<u></u>			ģ
	sincer, one-clor, dostee, or key employee?			8 83 8 S	ŝ
3			2		-
	or emotion, encodors, or rustees, or key employees to a management company or other never-b			ĺ.	
4	a second		3	-↓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		_4		
6	Did the organization have members or stockholders?		5	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		6		_
	more members of the governing body?				j
ь	Are any dovernance decisions of the organization received to (		7a	1	
	portion of the state of the organization reserved to (or subject to approval by) members, stockholders, or	r Í		1	
8	Did the organization contemporaneously document the machine half any interval		7b	1	
	a second perturbation of the second	r			1
а ь	the governing body?		8a	X	<u> </u>
			8b	Ī	┥
9	and any employed in concer, in side, or key employee isted in Part VII Section A who connet he spectral at the	·····	~~	1	╉
	organization's maning audress? If "Yes," provide the names and addresses in Cohe-July O		9		-
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>	3	<u></u>	1
				Yes	Т
10a	Did the organization have local chapters, branches, or affiliates?	Г	10-	res	+
þ			10a	<u> </u>	╀
	and excitorion to ensure their uperations are consistent with the optimization's events in the			ļ	ł
11a	of the second of the complete court of the second s	···············	<u>10b</u>	L	∔
-	to be an obligation of the process. If any, lised by the organization to review this form one	ie form?	11a	X	Į
120	Did the organization have a written conflict of interast policy? If this is go to the sto				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a	X	
c	Did the organization required and consistent in a state and a state an		12b	X	Ι
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done				Γ
13	In Schedule O how this was done	·	12c	х	ĺ
14			13	X	r
	o manufactor document retenuon and destruction bokey?		14	X	F
		nt 🕅			1
	persons, comparability data, and contemporaneous substantiation of the deliboration and desistence	· 1			
•••	the organization's UCU, EXECUTIVE Director, or too menanement official	1	(***)) 1 <b>11 -</b>	X	÷
D	Other officers or key employees of the organization	· · · · ·	l5a	$\frac{x}{x}$	
			5b	<u>^</u>	
ра	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement will		1		ŝ
	revene events omitting the Assist		98 (		ð
b I	It "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under any light to be a series of the serie		<u>6a</u>		
i	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	п 🎡			2
	exempt status with respect to such arrangements?				Ś
ecti	on C. Disclosure		6ь [		
8 9	Jist the states with which a copy of this Form 990 is required to be filed ►NY, OH, VA, CA				-
f	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	3)s only) ava	ilable	3	
	Ty - The second water of the second and the second and the second s	, ,,		-	
9 E	source in Scheutle O whether (and it so, how) the organization made its governing documente, applied of interview	olicy and the	10	al	
			INTIC	वा	
οs η	State the name, address, and telephone number of the person who possesses the organization's books and records: PHE ORGANTZATION = 800 - 800 - 4020	•			
		· · · · · · · · · · · · · · · · · · ·		·	-
) () () () () () () () () () () () () ()	7078 AIRLIE ROAD, WARRENTON, VA 20187	<u> </u>			
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	01 756386 22024.0 2017.04030 RAINFOREST TRUST	2.	202	24_0	U

Form 990 (2017) RAINFOREST TRUST	13-3500609 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	
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 e	reding with or within the organization in the

 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." he calendar year enoing wan or within the organization's tax year.

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees;

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

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	l rad	o net i	Pos	sitior	n a thar		Reportable	Reportable	Estimated
	hours per	( bo)	k, yale	ess be	ərson	is bo	th an		compensation	amount of
	week		icer a	no a c	Т	orveru	Slee)	from	from related	other
	list any hours for	irecto	ļ			1	}	the	organizations	compensation
	related	ord	ŧ.		ĺ	ated		organization	(W-2/1099-MISC)	from the
	organizations	and the second	d trus		23	n ben		(W-2/1099-MISC)	· -	organization
	below	individual trustee or director	institutional trustee		key employee	stcor	:[ _			and related
	line)	indivi	Ins bit	Officer	Keye		Former			organizations
(1) JOHN MITCHELL	0.50				1	1	-	······································		·····
CHAIR		X		X	1	1		J 0.	Ο.	0.
(2) ERIC VEACH	0.50		<b>_</b>		<u> </u>	Í	$\vdash$			······································
VICE CHAIR		X		x			1	o.	Ο.	0.
(3) SALLY F. DAVIDSON	0.50				-	<u>†</u>	Γ.	······		<u> </u>
TREASURER		x	İ	x			ļ	0.	ο.	0
(4) DR. WILLIAM WAYT THOMAS	0.50						t			0.
SECRETARY		x		x				ο.	ο.	0.
(5) EDITH MCBEAN	0.50			_			<u> </u>			0.
BOARD MEMBER	······································	x					i .	0.	0.	0.
(6) ROBERT GILES	0.50							······································		U.
BOARD MEMBER		x						0.	ο.	0
(7) JEFFREY ZACK	0.50						·			0.
BOARD MEMBER	·····	x		- [				0.	ο.	0
(8) DR. THOMAS LOVEJOY	0.50		╡	-+	·			· · · · ·	<u>v.</u>	0.
BOARD MEMBER	·	x	l					ο.	ο.	0
(9) LAWRENCE BENJAMIN	0.50	-			†			······································	·	0.
BOARD MEMBER		x						ο.	0.	0
(10) PATRICIA A. KOVAL	0.50	1		$\dashv$	-1				·	0.
BOARD MEMBER		x			1		Í	ο.	o.	0
(11) GEOFFREY CHEN	0.50				·				······································	0.
BOARD MEMBER		x			ļ			ο.	0.	0
(12) DR. PAUL SALAMAN	40.00		-+	-	+		┯			0.
CEO				x				125,643.	ο.	22 OFE
(13) MALISSA L CADWALLADER	40.00	-	-		╉	+	Ť			22,965.
000				x		1		76,462.	o.]	6 102
(14) GEORGE WALLACE	40.00	-+		+-		╉				6,193.
CHEIF CONSERVATION OFFICER				F		x	- [	116,239.	ο.	F 370
		-			-	+	+			5,370.
	·····		+	+	┈┟	-		[		······································
						ł				
		-†	+	+	-	-+	-+			
		[						}		
782007 11-28-17				<u> </u>		بار مب	L	<u>†</u>		

732007 11-28-17

Form 990 (2017)	RAINFOR	EST TRUS	T						13-	35006	09 Page 8
Part VII Secti	ion A. Officers, Directors, Tr	rustees, Key En	ploye	es, a	nd H	lighe	st C	ompensated Employe	es (continued,	j	
	(A) Name and title	(D) Average hours per week	(do n box, i office		(C) Sition & more person	n sthan is bot	ona : Ihan	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Jacsutullonal trustee	Kay employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-†	ions	compensation from the organization and related organizations
<del></del>					-	ļ					
·	·				<u> </u>			····			
<del>_</del>	<u>, ,, , , , , , , , , , , , , , , , , ,</u>				-				······		
	<u></u>			-		┝╌┤			<del></del>		<u>.</u>
<u></u>	·······	···						· · · · · · · · · · · · · · · · · · ·			
							Ť		<u> </u>		
	·····								····		<u> </u>
									··· · · · · · · · · · · · · · · · · ·		<u>-</u>
c lotal from c	ontinuation sheets to Part	VII, Section A					► [	318,344. 0.		0.	34,528.
_d Total (add lin 2 Total number	nes 1b and 1c) r of individuals (including but In from the organization						⊾Г	318,344. eived more than \$100,	000 of reporta	0. bie	34,528.
3 Did the organ	nization list any former office es, " complete Schedule J for	r, director, or true	stee, I	кеу өг	nploy	vee,	or hi	ghest compensated en	iployee on		Yes No
4 For any indivi	idual listed on line 1a, is the s rganizations greater than \$15	sum of reportable	e com	pensa	ation	and	othe	r compensation from th	ne organization		
5 Did any person rendered to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	on listed on line 1a receive or he organization? /f "Yes, " cor	accrue compen	sation	from	anv	unre	latec	organization or individ	lual for service	s S	
1 Complete this	andent Contractors s table for your five highest c	ompensated ind	epend	ent c	ontra	ictor	s tha	it received more than \$	100,000 of co		
the organizati	(A)	r the calendar ye	ar end	ling v	/ith o	r wit	hin ti	ne organization's tax ye (B)	ear.	<del>.</del>	
	Name and business	s address	NON	Ë		<u> </u>		Description of se	rvices	Com	(C) pensation
<del></del>		<u></u>	<u> </u>		<del>-</del>		-		<del></del>	<u>-</u>	·
-r <u>-</u>	- <u></u>	· · · · · · · · · · · · · · · · · · ·			··.		+	<u> </u>	<u>-</u> -		
<u> </u>		<u> </u>					 	· · · · · · · · · · · · · · · · · · ·		! 	
• <u>•</u> ••••••••••••••••••••••••••••••••••	······································					•••		<u> </u>		<u></u>	<u> </u>
Total number	of independent contractors (	including but not ization 🕨	t limite	d to !	bose	lieta	ad at	iove) who received mo	e than		

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### Form 990 (2017) RAINFOR Part VIII Statement of Revenue RAINFOREST TRUST

			Check if Schedule O con	itains a respo	nse or note to anv	line in this Part VIII			<b>[</b> ]
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a	Federated campaigns		37,33	3.			012-014
3		b	Membership dues	16					
Å		С	Fundraising events	10		7			
<u>ات</u>		d	Related organizations	11	·····	-			
ဖ်းနို		e	Government grants (contribu	tions) 1e					
202		f	All other contributions, gifts, grar	tts. and	· · · · · · · · · · · · · · · · · · ·	-			
₫₹			similar amounts not included abo	ive 11	20,930,531	1.	*		
te o		g	Noncash contributions included in line		10,681,849				
<u>0</u> 8			Total. Add lines 1a-1f			20,967,870			
					Business Coc				
ф Ц	2	a	<b></b>						
Ξø		b				·· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
S R	ł	С			<u> </u>		-{	· · · · · ·	
eve eve		d				··· { · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · ·	
Program Service Revenue		æ					†	<del></del>	
۵ĭ	[	f	All other program service reve	nue				· · · · · · ·	·····
		g	Total. Add lines 2a-2f		···· <u> </u>				
	3		Investment income (including	dividends in	terest and				
			other similar amounts)		Laroot, and	198,556,			100 554
	4		income from investment of tax	x-exempt bor	d proceeds		, ,,,,,,	· · · · ·	198,556.
	5		Royalties		>	<u></u>	<u>+</u>	· · · · · · ·	·····
ĺ			-	(i) Real	(ii) Personal				
	6	а	Gross rents		(W) Condenial	-			
		b	Less: rental expenses	····		-			
		c	Rental income or (loss)			-			
			Not women in a sure of the second		······				
			Gross amount from sales of	(i) Securitie					
1			assets other than inventory	11,921,05		-			
			Less: cost or other basis		·····	-			
			and sales expenses	11,850,83	3.				
i			Gain or (loss)			-			
		d	Net gain or (loss)			70,217.			70 310
e l	8	a	Gross income from fundraising	i events (not					70,217.
Revenue			including \$	, of					
ş			contributions reported on line						
			Part IV, line 18		a				
Other	1	b I	Less: direct expenses		b				
~			Net income or (loss) from fund			<ul> <li>Constraints of a straight for the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the straight set of the</li></ul>			
	9 i	a (	Gross income from gaming act	ivities. See					
			Part IV, line 19		a				
		bi	Less: direct expenses		b				
			Net income or (loss) from gami			ne seguir a sea an ann an	Hannan Antonian Antonian Ang-	요즘 같은 것이 같은 것이 같은 것이 같이	
	10 :	a (	Gross sales of inventory, less r	etums					
		a	and allowances		a				
Į	Ł	a t	ess: cost of goods sold		b				
		<u>1 .</u>	Vet income or (loss) from sales	of inventory			eren ander er anter opperte besteller besteller besteller. D	an an thaile (San San San San San San San San San San	
Ļ			Miscellaneous Revenue		Business Code				
	11 8	•_				and the second second second second second second second second second second second second second second second	er en en ter stret strette van et de de de	na anton a tang biya.	2013年1月1日(1995年1月)
[	Ł	, _					·····		·····
	C	:_						f	
	c	I A	VI other revenue						
	e	7	otal. Add lines 11a-11d						
	12	T	otal revenue. See instructions.			21,236,643.	0.	0.	268,773.

732009 11-28-17

Form 990 (2017) RAINFOREST TRUST 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).

Dо 7Ь.	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21	547,558	E47 550		
2		<u> </u>	. 547,558.		
	individuals. See Part IV, line 22				
3					
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	9,456,524	D AFC FOA		
4	Benefits paid to or for members	9,400,024	9,456,524.		
5	Compensation of current officers, directors,		· <b>_</b>		
-	trustees, and key employees	231,264	102 001		
6	Compensation not included above, to disqualified	201,204	183,061.	4,184.	44,019
+	persons (as defined under section 4958(f)(1)) and				
	Dersons described in section ADER/aV/02/02				
7	Other salaries and wages	1,690,549	1 1 1 1 0 000		
8	Pension plan accruals and contributions (include	1,050,549	. 1,112,731.	99,604.	478,214
	section 401(k) and 403(b) employer contributions)	28,274,	10 100		
9	Other employee benefits	126,128.		2,494.	7,642
0	Payroll taxes	140,730.	<b>i</b> = = = +	3,134.	42,084
1	Fees for services (non-employees):	140,730.	93,672.	7,911.	39,147
	Management				
b	lenst	50,698.			
	Legal			1,161.	2,791
ď	Accounting	17,298.		17,298.	
e	Lobbying Professional fundraising services. See Part IV, line 17				
-	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,	·	ļ	<u> </u>	
8	column (A) amount, list line 11g expenses on Sch 0.)	C0 40C			
2	Advortiging and memories	69,426.		767.	<u>6,666</u> 5,921
3	Advertising and promotion	241,910.		133.	5,921
4	Office expenses	240,705.	157,968.	10,825.	71,912
5	Information technology	3,672.	3,426.	41.	205
5	Royalties	01 04			• • • • • • • • • •
7	Occupancy	91,994.	85,823.	699.	5,472
3		82,724.	66,871.		15,853
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	100 000			
	Conferences, conventions, and meetings	100,094.	96,780.	115.	3,199
	Interest				
E   2	Payments to affiliates				
	Depreciation, depletion, and amortization	12,181.	11,364.	139.	678
		3,355.	3,269.	15.	71
į	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				•
a J	DUES_AND SUBSCRIPTION	17 17 4			
ьĪ	MISCELLANEOUS EXPENSE	17,453.	8,985.	692.	7,776
с : с		3,084.	2,069.	124.	891
с d	······				
-	All other experses	·			
	All other expenses				
	Total functional expenses. Add lines 1 through 24e         1           Init ensite         Complete this line only (ct)         1	3,155,621.	12,273,744.	149,336.	732,541
	loint costs. Complete this line only if the organization	Í		······	
	eported in column (B) joint costs from a combined ducational campaign and fundraising solicitation.			1	
~					

732010 11-28-17

16091101 756386 22024.0

10 2017.04030 RAINFOREST TRUST Form 990 (2017)

### RAINFOREST_TRUST

Form 990 (2017)
Part X Balance Sheet

5 C. C.		Dalance Sneet					
<u> </u>		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
				· · · · · · · · · · · · · · · · · · ·	(A)	1	(B)
	T i	Cash - non-interest-bearing		<del></del>	Beginning of year 789,949	<u> </u>	End of year
	2	Savings and temporary cash investments	•••••••		109,949	<u>·                                    </u>	
	3	Pledges and grants receivable net	•••••		14,658,988		
	4	Pledges and grants receivable, net	•••••••	·····		3	1,999,97
	5	Accounts receivable, net Loans and other receivables from current and t	· · · · · · · · · · · · · · · · · · ·	<b>7</b> 4		4	
	Ť	thistees key employees and histoet	ormer	officers, directors,			
		trustees, key employees, and highest compense Part II of Schedule I					
	6	Part II of Schedule L	·····	5			
1	Ū	Loans and other receivables from other disgual	lifted p	ersons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958	(C)(3)(B), and contributing			
0		employers and sponsoring organizations of sec	tion 50	)1(c)(9) voluntary			
Assets	7	employees' beneficiary organizations (see instr)	. Com	olete Part II of Sch L		6	
Å	8	Notes and loans receivable, net				7	
		inventiones for sale or use	••••••			8	<u> </u>
	9	Frepaio expenses and deterred charges			45,213.	9	54,974
	iva	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	66,355.			
		Less: accumulated depreciation	10b	21,614.		10c	44,741
	11	Investments - publicly traded securities			512,036.	11	802,776
	12	invesiments - other securities. See Part IV, fine -	11		889,448.		478,635
	13	Investments - program-related. See Part IV, line	11			13	
	14	intangible assets			······································	14	
	15	Other assets. See Part IV, line 11			7,083.	15	7,083
	16	Total assets, Add lines 1 through 15 (must equal	al fine 3	34)	16,927,412.	16	25,112,302
ł	17	Accounts payable and accrued expenses			29,581.	17	23,764
	18	Grants payable			9,641,857.	18	23,703
	19	Deletten tekelitie			8,062.	19	5,774
	20	rax-exempt bond liablifies			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	J,119
1	21	decrow or custodial account liability. Complete F	Part IV	of Schedule D l		21	·
2	22	Loans and other payables to current and former	officer	s, directors, trustees		 (==	Na kata ng kata ng kata ng kata ng kata ng kata ng kata ng kata ng kata ng kata ng kata ng kata ng kata ng kat
		key employees, highest compensated employee	s. and	disqualified persons			
		Complete Part II of Schedule L		1	. DER BERGERE BERGERE		
12	23	Secured mortgages and notes payable to unrela	ted thi	d parties	·····	22	······································
2	24	Unsecured notes and loans payable to unrelated	l third r	parties		23	
2	25	Other liabilities (including federal income tax, pay	ables t	o related third		24	· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D			1	(	
2	26	Total liabilities. Add lines 17 through 25	••••••		9,679,500.	25	20 620
		Organizations that follow SFAS 117 (ASC 958)	. checi	chere X and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	29,538
1		complete lines 27 through 29, and lines 33 and	34.				
2	7	Unrestricted net assets		ĺ.	83,061.		400 000
2	8	Unrestricted net assets			7,164,851.	27	
2	9 1	Permanently restricted net assets			·/-04,001.	28	25,572,484
		Organizations that do not follow SFAS 117 (AS	C 958	check here		29	
	2	ind complete lines 30 through 34.					
3	0 (	Capital stock or trust principal, or current funds				<u>_</u>	
3	1 F	Paid in or capital surplus, or land, building, or equ	inmer	fund		30	
3:	2 F	Retained earnings, endowment, accumulated inco	ahuratu Annatu	r athor funda	·	31	· · · · · · · · · · · · · · · · · · ·
3	31	Fotal net assets or fund balances	ome, o		7 547 576	32	
34	4 7	otal liabilities and net assets/fund balances	•••••	······	7,247,912.	33	25,082,764
		and the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of the transmission of tr			16,927,412.	34	25,112,302.

Form 990 (2017)

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	n 990 (2017) RAINFOREST TRUST	13-	3500609	Page 12
μ.	art XI Reconciliation of Net Assets			- ago
•	Check if Schedule O contains a response or note to any line in this Part XI			🗔
1 2	Total revenue (must equal Part VIII, column (A), line 12)	1	21,236	
3	Total expenses (must equal Part IX, column (A), line 25)	2	13,155	
4	Revenue less expenses. Subtract (ine 2 from line 1	3	8,081	
5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,247	
6	Net unrealized gains (losses) on investments	5	111	.,974.
7		6		
8		7		
9	Prior period adjustments	8	9,641	,856.
10	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9		<u></u> 0.
-	column (B))			
Pa	column (B)) It XII Financial Statements and Reporting	10	25,082	,764.
	Check if Schedule O contains a recording or note to any line to all in the second			<del>ر</del> ـــ
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<u></u>		íes No
2a	vere the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	X
Ь	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e basis,		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c	x
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	dule O. gle Audi		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ad audit		
				<b>90</b> (2017)

732012 11-28-17

SCHEDULE A
------------

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

Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

L

OMB No. 1545-0047

Name of the organization					Empl	over identification number
Part Reason for Pub	INFOREST T	RUST			4	13-3500609
The organization is a large to the organization of the organization is a large to the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the	ne charity statu	IS (All organizations mus	complete	this part.	) See instructions.	
the organization is not a private to	oundation because it	is: (For lines 1 through 1)	2. check or	ly one he	)	· · · · · · · · · · · · · · · · · · ·
2 A school described in s	of churches, or assoc	iation of churches descri	bed in sect	tion 170(i	b)(1)(A)(i).	
	section 170(b)(1)[A)(i	ii). (Attach Schedule E (Fr	07770 990 or	GOLEZ V		
<ul> <li>Coperation a cooperation a cooperation</li> </ul>	itive hospital service a	organization described in	section 1	70(6)(4)(8	171:21	
- Concorresearch org	anization operated in	conjunction with a hosp	ital describ	ed in sec	tion 170(b)(1)(A)(iii), E	nter the hospital's name,
S L All organization operate	ed for the benefit of a	college or university own	red or oper	rated by a	governmental unit de	scribed in
	in loomplete mart If.)					
7 An organization that no	government or gove	mmental unit described i	n section	170(b)(1)(	(A)(v),	
i caso no organization that no	rmally receives a sub	stantial part of its suppor	t from a go	vemmen	tal unit or from the gen	eral public described in
	e (e en prote r arr n.)					
9 An agricultural research	ribed in section 170	(b)(1)(A)(vi). (Complete P	art II.)			
An agricultural research	organization describ	ed in section 170(b)(1)(/	(ix) opera	ted in co	njunction with a land-or	ant college
University or a non-lat	nd-grant college of ag	priculture (see instruction.	s). Enter th	e name, c	city, and state of the co	llege or
artivition related to it.	mally receives: (1) mo	ore than 33 1/3% of its s	pport fron	n contribu	tions, membership fee	s, and gross receipts from
		ne (less section 511 tax)	from busin	esses acc	quired by the organizat	ion after June 30, 1975.
	O O CHOICE AND MILL					
12 An organization organize	ed and operated excl	usively to test for public :	afety. See	section	509(a)(4).	
and the standard and a standard and a standard and a standard a stan	e and operated excli	Usively for the benefit of,	to perform	the funct	tions of, or to carry out	the purposes of one or
1	. Al Baulta (12 (12 (12 (12 (12 (12 (12 (12 (12 (12	Neu in Second Suylali 11	or continn	500(-1/2)	Con exeller cont to	). Check the box in
	int describes rite type	t Di SUDCOMINO Ofnanizati	on and cov	noleta lie		
the supported organia	etics/s) the new second	, supervised, or controlle	d by its sup	oported o	rganization(s), typically	by giving
and any period or gainza	advar(a) the power to	regularly appoint or elect	a majority	of the dir	ectors or trustees of th	e supporting
	v compate Lati 16'	Sections A and H.				
Control or mapagemen	figanization supervise	ed or controlled in conne	ction with i	ts suppor	rted organization(s), by	having
organization(s). You m	ir of the supporting pr	ganization vested in the	same persi	ons that o	control or manage the s	upported
	age comblete Esti R	G SECTIONS A and C.				
its supported organizat	tion(s) (see instruction	ing organization operated	in connec	tion with,	and functionally integr	ated with,
d Type III non-functions	ally integrated A sur	ns). You must complete	Part IV, Se	ections A	, D, and E.	
that is not functionally	integrated. A sup	porting organization ope	rated in co	nnection	with its supported orga	nization(s)
requirement (see instar	ctions) You must as	ization generally must se	tisfy a dist	ribution re	equirement and an atte	ntiveness
e Check this box if the or	Vanization received a	implete Part IV, Section	s A and D,	and Part	t V.	
functionally integrated	or Type III non-functi	a written determination fro	om the IRS	that it is	a Type I, Type II, Type	112
f Enter the number of supported	d organinati					······
g Provide the following informati	on about the support	ed organization/o)	•••••••	••••		
to name or supported	(ii) EIN	(iii) Type of organization	isgio ant al (vi) himevog ruov nl	nizabon listeo	(v) Amount of monetary	5 15 A
organization		(described on lines 1-10	Un vour governin Yes	No No	support (see instructions	
		above (see instructions))		140		receptor (see instructions)
	i		ĺ		1	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		·	÷
	Í	i .	Í			
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		•				
		······································	—— <u></u>	·	· · · · · · · · · · · · · · · · · · ·	· <b></b>
			——	·	· · · · · · · · · · · · · · · · · · ·	·

structions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

13-3500609 Page 2

Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST TRUST 13-350 0 (Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support			·····	·····		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	1 10010		······································
1	Gifts, grants, contributions, and				(d) 2016	(e) 2017	(f) Total
	membership fees received. (Do not	1					
	include any "unusual grants.")	4602994.	5772635.	12778261	15560380.	20067070	50000140
2	Tax revenues levied for the organ-	······		22770201		2090/0/0.	59682140.
	ization's benefit and either paid to	ł					
	or expended on its behalf		1				
3	The value of services or facilities		· · · · · · · · · · · · · · · · · · ·	<u></u>	<u>∔·</u>	····-	· · · · · · · · · · · · · · · · · · ·
	furnished by a governmental unit to	Í	]	ł			1
	the organization without charge		l l			{	
4	Total, Add lines 1 through 3	4602994.	5772635	12770261	15560300	00000000	
5	The portion of total contributions		(	<u>44//0401</u> .	15560380.	20967870.	59682140.
	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,						
	1 /0						
6	Column (f) Public support, Subtract line 5 from line 4.						26486843.
Sec	tion B. Total Support						<u>33195297.</u>
	ndar year (or fiscal year beginning in)	(-) 0 0 4 0			· · · · · · · · · · · · · · · · · · ·		
	Amounts from line 4	(a) 2013 4602994.	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gross income from interest,	4004554.	3112635.	12778261.	15560380.	20967870.	59682140.
	dividends, payments received on		1				
	securities loans, rents, royalties,				Í		
	and income from similar sources	1 010	40.055	<b>P</b> O 040			
9	Net income from unrelated business	1,919.	42,955.	73,813.	148,780.	<u>198,</u> 556.	466,023.
	activities, whether or not the						······································
		1		-			
	business is regularly carried on	·			[		
	Other income. Do not include gain	Į	1		ľ		· · · ·
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2	<u> </u>		6,956.		7,931.
	Total support, Add lines 7 through 10					E	0156094.
12 (	Gross receipts from related activities,	etc. (see instructio	ns)			10	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	501(c)(3)	·····
Sec	organization, check this box and stop tion C. Computation of Public	here					
		c Support Per	centage				
141 1 317 1	Public support percentage for 2017 (li	ne 6, column (f) div	ided by line 11, co	slumn (f))		14	55.18 %
	apple appoint hercentage from S010.	Schedule A, Part I	, line 14			15	
	a work and hour test a 50 I.U. H MG OL	ganization did not	Check the hox on	line 13 and line 1	4 in 22 1/28/	re, check this box	
•	wop neres the organization qualities a	s a publiciy suppo	rted organization				⊾ जिंग
			CHECK & DOY ON Im				
	and aroth trene, the organization drailit	es as a publiciv su	IDDOrted ornanizat	ion			
		- eo na in ute orga	Hzauon did not ch	IECK a hox on line	19 16a or16b on	of line = 4 i = + 007 -	
2	no in the organization meets the lact	s-and-circumstance	es" test, check this	s box and ston be	ro Evolain in Davi	M to average a second to	
	isoto nic lauto-anto-oncomstances te	est, The organizati	on qualifies as a n	ubliciv supported.	organization		
~ .	over more-and-ch comstances test	<ul> <li>2016. If the organ</li> </ul>	lization did not ch	eck a hox on line .	13 16a 166 or 17	o one time of the state	
	tore, and it the organization meets me	Tacis and circum	istarices" test, che	ick this how and e	ton hora. Evolein i-	a Daniel M. L	
· ·	agenzation meets the racts and carci	mstances' test, []	10 organization <del>n</del> u	alifies as a public!	weinported ergen	ization	▶ [```]
<u>18 P</u>	rivate foundation. If the organization	did not check a bo	ox on line 13, 16a.	16b, 17a, or 17b	check this boy and	see instructions	······· 【H
					and boa an	a so manachulls	ليبيب 🗾

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST TRUST 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.)

	ction A. Public Support				· · · · · · · · · · · · · · · · · · ·	·····	
Cale	ındar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and		1				<u> </u>
	membership fees received. (Do not						· ·
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				· · · · · · · · · · · · · · · · · · ·	· <del> </del> · · · · - · · - · · · - · · ·	L
	are not an unrelated trade or bus- iness under section 513	1					
4	Tax revenues levied for the organ-	· · · · · · · · · · · · · · · · · · ·	+	1	·		· · · · · · · · · · · · · · · · · · ·
	ization's benefit and either paid to or expended on its behalf						
E	The value of services or facilities	·			<u> </u>		ļ
J	furnished by a governmental unit to						3 - -
_	the organization without charge				· · · · · · · ·	<u> </u>	
	Total. Add lines 1 through 5	······································		· ·	· [		
78	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disquatified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b		1				·····
	Public support. (Subtractione To from line 6.)						
Sec	tion B. Total Support						
Cale	ndər year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6			(0) 2010		(6) 2017	III IOIAI
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties; and income from similar sources						, , , , , , , , , , , , , , , , , , ,
b	Unrelated business taxable income		····				····
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						·····
11	Net income from unrelated business activities not included 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.)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
13	Total support. (Add lines 9, 10c, 11, and 12.)	·····		· · · · · · · · · · · · · · · · · · ·			···
	First five years, If the Form 990 is for	the organization's	s first second thin	fourth or fifth to	l Ny Vest as a sectio	n 501/c)/2) organia	
	check this box and stop here			a, iodrain, or mar a	an you: as a scoul	n oon(o)(o) organiz	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (			oluma (fi)		15	
16	Public support percentage from 2016	Schedule A. Part	III. line 15	0100m1 (1)	••••••	16	<u>%</u>
Sec	tion D. Computation of Invest	stment Incom	e Percentage				%
	Investment income percentage for 20			e 13. column (fi)		17	
8	Investment income percentage from 2	2016 Schedule A.	Part III, line 17	6 18, 0008111 (I)/	••••••	18	<u>%</u>
t9a :	33 1/3% support tests - 2017, If the	organization did n	ot check the box o	n line 14 and line	15 is more than 5	3 1/3% and line 1	<u>%</u>
I	more than 33 1/3%, check this box ar	d stop here. The	organization quali	ies as a publicly e	supported organiz	ation	
b	33 1/3% support tests - 2016. If the	organization did n	ot check a hox on	line 14 or line 10s	and line 16 is me	re than 33 1/204 -	
1	ine 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	lization qualifies o	s a nublicive rom	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19=	. or 19b. check th	is box and eee in	ateu organization ; stauctions	
	I 10-06-17			, <u></u> ,,		dule A (Form 990	

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### 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)? // *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 (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.)

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Schedule A (Form 990 or 990-EZ) 2017

Yes No 1 2 3a Зb 3c 4a 4b 4c -5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

#### Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST TRUST Part V Supporting Organizations (continued)

المتعاد ا	Continued)		<b>.</b>	
11			Yes	No
	The me instruction accepted a girl or contraction from any or the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1.000
1	h A family member of a norman dependent in (a) at a set	<u>la</u>	<u> </u>	·
		1b	<u> </u>	Ļ
Se	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 ction B. Type I Supporting Organizations	<u>1c</u>		<u></u>
			<u> </u>	<u> </u>
1	Did the directors trustees or mombarchip of one entrance supervised one of the directory of the		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Best M how the grane ted experiences of the tax year?			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	t		
æ	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sal	supervised, or controlled the supporting organization.	2		
300	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
C.c.	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			<u> </u>
,			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ा		9383Q
	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)		autoren.	2009-0-1-1-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ा		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	4467 Q	e segure i	19490
Sec	tion E. Type III Functionally Integrated Supporting Organizations	·	ł	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			<u> </u>
а	ane organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	Let The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instauction)	ons)		
2	Activities Test, Answer (a) and (b) below.			No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>ः</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1087 P.N.
Þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ंति	200 X	900
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	89 B	8976 B	9999
3	Parent of Supported Organizations. Answer (a) and (b) below.	ः ः		<u> () ()</u>
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	- <b> </b>	ssi S	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2017

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### Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST TRUST

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

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	······································	······································
3 Other gross income (see instructions)	3		<del>.</del>
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		t t
7 Other expenses (see instructions)			<u> </u>
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	115		······································
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	10	<u> </u>	
e Discount claimed for blockage or other	- Service		
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	<u></u>	· · · · · · · · · · · · · · · · · · ·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
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		, <u>_</u> ,
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	t t		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		······································
5 Income tax imposed in prior year	5		· · · · · · · · · · · · · · · · · · ·
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally			

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990 EZ) 2017 RAINFOREST TRUST

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported	<u> </u>
organizations, in excess of income from activity	-
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	······································
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	<u> </u>
7 Total annual distributions. Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·
8 Distributions to attentive supported organizations to which the organization is responsive	····
(provide details in Part VI). See instructions.	l
9 Distributable amount for 2017 from Section C, line 6	

10 Line 8 amount divided by line 9 amount

Section E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distribut	table amount for 2017 from Section C, line 6			
2 Underdi	stributions, if any, for years prior to 2017 (reason-			
	se required- explain in Part VI). See instructions.			
3 Excess	distributions carryover, if any, to 2017			
a				
b From 20	13			
c From 20	14			
d From 20	15			
e From 20	16			
f Total of	lines 3a through e			
g Applied	to underdistributions of prior years			
h Applied	to 2017 distributable amount			
i Carryove	er from 2012 not applied (see instructions)			
j Remaino	ler. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distribut	ions for 2017 from Section D,			
line 7:	\$			
a Applied	to underdistributions of prior years			
	to 2017 distributable amount			
c Remaind	ler. Subtract lines 4a and 4b from 4.			
5 Remainir	ng underdistributions for years prior to 2017, if			
any. Sub	tract lines 3g and 4a from line 2. For result greater			
than zero	, explain in Part VI. See instructions.			
	ng underdistributions for 2017. Subtract lines 3h			<u>e de la construir de la construir producte de la construir de la construir de la construir de la construir de la F</u>
and 4b fi	rom line 1. For result greater than zero, explain in			
	See instructions.			
	distributions carryover to 2018. Add lines 3j	<u>, and a second second restrict restrict</u>		
and 4c.	- <b>-</b>			
8 Breakdo	wn of line 7:			
a Excess f	rom 2013			
b Excess f	rom 2014			
c Excess fr	rom 2015			
d Excess fi	rom 2016			
e Excess fi	rom 2017			

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST TRUST Part VI Supplemental Information. Provide the explanation

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.)

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me of organiz	ation	•	Pac Employer identification number			
AINFORE	ST TRUST	tribitions to organizations described in s	13-3500609 ection 501(c)(7), (B), or (10) that total more than \$1,000 to			
0.0000000	the year from any one contributor. Complete	columns (a) through (e) and the following	Ine entry. For organizations			
	completing Part II, enter the total of exclusively religion Use duplicate copies of Part III if addition		for the year. (Entr this info. ence.) 🚩 Ф			
a) No. from			(a) Dependention of hours with to hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
—	···· ··· ··· ··· ··· ··· ··· ··· ··· ·					
	· · · · · · · · · · · · · · · · · · ·	····· · · · · · · · · · · · · · · · ·				
	······································					
		(e) Transfer of gift				
i.	Transferee's name, address, a	nd 7ID ( . 4	Relationship of transferor to transferee			
	11011310100 3 1101110, 8003 035, 8		Relationship of transferee			
· · · · ·	· · · · · · · · · · · · · · · · · · ·					
<u></u>		e	· · · · · · · · · · · · · · · · · · ·			
a) No.	<del></del>		1			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	· · · · · · · · · · · · · · · · · · ·					
			-			
			-			
	(e) Transfer of gift					
	Transferee's πame, address, a	nd ZIP + 4	Relationship of transferor to transferee			
<u></u>	·····					
) No,						
) No, rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
rom	(b) Purpose of gift					
rom	(b) Purpose of gift					
rom	(b) Purpose of gift					
rom	(b) Purpose of gift					
rom		(c) Use of gift				
rom	(b) Purpose of gift	(c) Use of gift				
rom		(c) Use of gift	(d) Description of how gift is held			
rom		(c) Use of gift	(d) Description of how gift is held			
rom Part I		(c) Use of gift	(d) Description of how gift is held			
Part I		(c) Use of gift	(d) Description of how gift is held			
i) No.	Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a	(c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (e) Transfer of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held			
Part I	Transferee's name, address, a (b) Purpose of gift	(c) Use of gift (e) Transfer of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held			

22024_01

SCHEE	<b>DULE D</b>
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#### (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.



Nan	ne of the organization RAINFOREST TRUST		Employer identification number
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
<b>.</b>	impermissible private benefit?		Yes No
Ра	TI Gonservation Easements. Complete if the org	janization answered "Yes" on Form 990,	Part IV, line 7.
1			· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or e	ducation)	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
Þ	Total acreage restricted by conservation easements		25
c	Number of conservation easements on a certified historic stru-	ucture included in (a)	20
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
_	year 🕨		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, handling of	<u> </u>
-	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing con	servation easements during the year
7			
1	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8			
0	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)()
9	and section 170(h)(4)(B)(ii)?		Yes I No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati conservation easements.	ion's financial statements that describes	the organization's accounting for
Par	t III Organizations Maintaining Collections of	Art Historical Treasurer or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form	980 Part IV line 9	ther Similar Assets.
fa	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exhi	billion advication or research in furthere	nent and balance sheet works of art,
	the text of the footnote to its financial statements that describ	es these items	nce of public service, provide, in Part XIII,
ъ	If the organization elected, as permitted under SFAS 116 (ASC		
-	treasures, or other similar assets held for public exhibition, ed	Upplies, of report in its revenue statement	and balance sheet works of art, historical
	relating to these items:	ucation, or research in turtherance of put	olic service, provide the following amounts
	-		
	<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>		
2	If the organization received or held works of art, historical trea	suras, or other similar assats for financia	
	the following amounts required to be reported under SFAS 11	B (ASC 059) whether to the arrival assets for thancia	i gain, provide
а	Revenue included on Form 990, Part VIII, line 1	o these items:	
b	Assets included in Form 990, Part X	••••••	······································
HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990	
	10-09-17		Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 RAINFOR	EST TRUST					1	3-35	00609	Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, Histor	rical Tre	easures, o	or Othe	er Similar	Asse	<b>ts</b> (contin	ued)
З	Using the organization's acquisition, access	ion, and other record	ls, check a	ny of the f	ollowing that	at are a s	ignificant us	e of its	collection	items
	(check all that apply):		r1							
а	Public exhibition	Ċ			lange progra					
b	Scholarly research	e	⊧ LiOth	her						
С	Preservation for future generations									
4	Provide a description of the organization's c							e in Par	t XIII.	
5	During the year, did the organization solicit of								<b>.</b>	r
	to be sold to raise funds rather than to be m								Yes	
Par	tiv Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the or	ganization	1 answered	"Yes" on	Form 990, I	Part IV,	line 9, or	
			r e				استا معا			
78	Is the organization an agent, trustee, custod								Yes	
L	on Form 990, Part X?				·····		•••••	·····	l res	
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing tap	18:			f1		A	····
_	Paginning balance						10		Amount	
	Additions during the year									
	Additions during the year								<u>.</u>	
f	Distributions during the year									
	Ending balance Did the organization include an amount on F	orm 990 Port X line	21 for esc	now or cu	istorial accr	unt liabil	<u></u>		Yes	
	If "Yes," explain the arrangement in Part XIII.								5 100	E
· · · · · · · · · · · · · · · · · · ·	t V Endowment Funds. Complete i									
	······································	(a) Current year	(b) Prio		(c) Two yea		(d) Three yea	rs back	(e) Four	vears back
<b>1</b> a	Beginning of year balance						<u>1-6 · · · · · · · · · · · · · · · · · · ·</u>			· · · ·
	Contributions		··· ·····		• • • • • •					
	Net investment earnings, gains, and losses	·····		-	,		· · ·			
	Grants or scholarships	····								· · ·
	Other expenditures for facilities							-	· · · ·	
	and programs							:		
f	Administrative expenses				•					
	End of year balance	· · · · · · · · · · · · · · · · · · ·				Ī				
2	Provide the estimated percentage of the cur		ce (line 1g, i	column (a	)) held as:					
a	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held ar	nd administe	ered for t	he organizai	tion	-	
	by:									Yes No
	(i) unrelated organizations			•••••					3a(l)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize								36	<u> </u>
4	Describe in Part XIII the intended uses of the		owment fur	ids.						
ra	t VI Land, Buildings, and Equipn						n			
	Complete if the organization answere							· 1		
<u></u>	Description of property	(a) Cost or o basis (investr		(b) Cost basis (		•••	coumulated preciation		(d) Book	value
	Land							939) 1		ų
	Buildings		[					_		
	Leasehold improvements						04 22			
	Equipment			6	6,355.		21,61	4.	44	1,741.
	Other		<u> </u>			l			······································	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1-	0c.)				44	1,741.

Schedule D (Form 990) 2017

732052 10-09-17

#### Schedule D (Form 990) 2017 RAINFOREST TRUST

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests.	····	
(3) Other		······································
(A)		······································
(B)	<b></b>	
(C)		
(D)		
(E)		
(F)		
(G)	······································	· ····································
(H)		· · · · · · · · · · · · · · · · · · ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Doctoville		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)	·····	······································
(3)		-
(4)		
(5)		· · · · · · · · · · · · · · · · · · ·
(6)	· · · · · · · · · · · · · · · · · · ·	
(7)		
(8)		
(9)	· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(b) Book value
· · · · · · · · · · · · · · · · · · ·
·····
·····
· · · · · · · · · · · · · · · · · · ·
·····

<u>.....</u>

equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" 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) Federa	l income taxes		-
(2)		······································	$\neg$
(3)			-
(4)		<u> </u>	
(5)			-
(6)			4
(7)			-
(8)			-
(9)			-
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)		-
	Line Loy and Loy and Loy and Loy	······	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

Schedule D (Form 990) 2017 KALNFUREST TRUST		13-	-3500609	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	nue per Retu	m <b>.</b>	
Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.			
1 Total revenue, gains, and other support per audited financial statements		1	21,348	617.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			· · · · · · · · · · · · · · · · · · ·	
a Net unrealized gains (losses) on investments	2a   1	11,974.		
b Donated services and use of facilities	2b	•		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d		2e	111.	974.
3 Subtract line 2e from line 1		3	21,236,	643.
A Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	45			
c Add lines 4a and 4b		40		Ο.
- Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1 5	21,236,	643.
Education of Expenses per Audited Financial Sta	atements With Exp	enses per Reti	um.	<u></u>
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	-	-	
1 Total expenses and losses per audited financial statements	·····	1	13,155,	621.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d	<u> </u>	2e		ο.
3 Subtract line 2e from line 1		3	13,155,	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				*4 <b>1</b> *
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4h			
c Add lines 4a and 4b		40		Ο.
<u>3 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18</u>			13,155,	
Part XIII Supplemental Information.	······			024.4

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ON INCOME DERIVED FROM
ACTIVITIES RELATED TO ITS EXEMPT PURPOSE. THIS CODE SECTION ENABLES THE
ORGANIZATION TO ACCEPT DONATIONS THAT QUALIFY AS CHARITABLE CONTRIBUTIONS
TO THE DONOR. THE ORGANIZATION IS SUBJECT TO INCOME TAXES ON TAXABLE
INCOME FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEAR ENDED DECEMBER 31,
2017, THE ORGANIZATION DID NOT RECOGNIZE INCOME TAX EXPENSE IN THE
ACCOMPANYING FINANCIAL STATEMENTS AS THERE WAS NO UNRELATED BUSINESS
TAXABLE INCOME.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 RAINFOREST TRUST 13-3 Part XIII Supplemental Information (continued)	500609 Page 5
THEIR TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE AC	
FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAM	INATION BY
FAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLEY	ED RETURN
IS FILED. IF MATERIAL OMISSIONS OF INCOME EXIST, TAX RETURNS MAY	BE
SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS THE ORGANIZATI	ON'S
POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTA	IN TAX
POSITIONS, IF ANY, IN THE ACCOMPANYING FINANCIAL STATEMENTS. AS	OF
DECEMBER 31, 2017, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIC	
SHOULD BE RECOGNIZED AS A LIABILITY.	<u></u>
······································	·····
	<u> </u>
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Schar	ule D (Form 990) 201
732055 10-09-17	
29 991101 756386 22024.0 2017.04030 RAINFOREST TRUST	22024_01

SCHEDULE F (Form 990)	Stateme	ent of Ac	tivities Outside the L	Inited Sta	ates	OMB No. 1545-8047
Department of the Treasury Internal Ravenue Service			ion answered "Yes" on Form 990, Pa Attach to Form 990. Form990 for instructions and the late			2U1/ Open to Public
Name of the organization						Inspection tification number
RAINFOREST TRU	Ċſſ				- mproyer iden	inication nomber
		Activities Or	stride the United Otates	·	13-35000	509
Form 990, Part	IV. line 14b.	ACGAILLES OF	utside the United States. Com	plete if the orgar	ization answered	"Yes" on
		n maintain reco	rds to substantiate the amount of its (	wonte and other		<u></u>
the grantees' eligibility	for the grants or	assistance, and	I the selection criteria used to award t	he grants or assi	istance?	Yes 🔲 No
childe ofates.			i procedures for monitoring the use of		ther assistance o	utside the
3 Activities per Region. (	The following Par	t I, line 3 table o	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices	(c) Number of	(d) Activities conducted in the region	n (e) If activ	/ity listed in (d)	(f) Total
	in the region	employees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants t		gram service,	expenditures for and
		Contractors	recipients located in the region)		specific type s) in the region	investments
······	-[	in the region			s) in the region	in the region
				FINANCIAL S		
CENTRAL AMERICA AND			CONSERVATION PROGRAM	PROGRAM EXP		
THE CARRIBEAN	0	0	SERVICES	LOCAL PARTN		272,307,
				<u> </u>		
EAST ASIA AND THE	1	-		FINANCIAL SI	JPPORT FOR	
PACIFIC	0		CONSERVATION PROGRAM	PROGRAM EXP	ENSES TO	
······································	1	Û	SERVICES	LOCAL PARTNE	3RS	3,230,532.
				RIVINGIAL OF		
			CONSERVATION PROGRAM	FINANCIAL SU PROGRAM EXPR		
EUROPE	0	0	SERVICES	LOCAL PARTNE		265,209.
						203,209.
	]			FINANCIAL SU	PPORT FOR	
SOUTH AMERICA			CONSERVATION PROGRAM	PROGRAM EXPE	NSES TO	
	°	0	SERVICES	LOCAL PARTNE	RS	3,418,398.
	[					
			CONSERVATION PROGRAM	FINANCIAL SU		
SOUTH ASIA	o		SERVICES	PROGRAM EXPE LOCAL PARTNE		
		·	· · · · · · · · · · · · · · · · · · ·	DOCAD PARTNE	K5	197,397.
				FINANCIAL SU	PPORT FOR	
	ļ			PROGRAM EXPE		1
SUB-SAHARAN AFRICA	0	0 9	SERVICES	LOCAL PARTNE	RS	2,060,049.
					· · · · · · · · · · · · · · · · · · ·	
				FINANCIAL SU		
NORTH AMERICA	o			PROGRAM EXPEN		Í
	······			LOCAL PARTNEI		12,632.
	Į					ł
						ļ
2			· · · · · · · · · · · · · · · · · · ·			
3 a Sub-total b Total from continuation	0	0				9,456,524.
sheets to Part I						
c Totals (add lines 3a		0				0.
and 3b)	o	o				
HA For Paperwork Beductic	n Act Mating	<u> </u>				9,456,524

ц. eduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

732071 10-06-17

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Part II Grants and Othe recipient who rec	er Assistance to Ori ceived more than \$5,	Grants and Other Assistance to Organizations or Entities recipient who received more than \$5,000. Part II can be dupli	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.	Complete if the or seded.	ganization answered	swered "Yes" on Form (	390, Part IV, line 15, to	r any
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)
		SUB -SAEARAM A PDT CA						
		SUB - SAHARAN		• 6 # 7 • 5 6	antw	5		ACTUAL
		AFRICA	PROGRAM SUPPORT	103,244.	WIRE	-		АСТИАЬ
		SUBSAHARAN AFRICA	TROGRAM SUPPORT	200.000.WIRE	auin	o		Territa T
		STR - SAMADAW						
		AFRICA	PROGRAM SUPPORT	256,000	WIRE	0.		ACTUAL
		SUB -SAHARAN AFRICA	рвоскам зиррокт	186 61 v	10 10	c		
						2		аслият
		SUB - SÄHARAN AFRICA	PROGRAM SUPPORT	39,614,	WIRE	0		ACTUAL
		aurop II.	PROGRAM SUPPORT	24,980, WIRE	LIKE			ACPUAL
	<del>لله</del> ر الا	SUBSARARAN AFRICA	ряоскам Support	88 ,564	MIRE	0		ACTUAL
<ol> <li>Enter total number of n by the IRS, or for which</li> </ol>	recipient organization h the drantee or cour	us listed above that are usel has provided a sec	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by the IRS, or for which the grantee or counset has provided a section 501 (c)(3) equivalence latter.	foreign country, I	recognized as tax-exi	empt		U V
3 Enter total number of other organizations or entities	other organizations of	r entities						
							Sched	Schedule F (Form 990) 2017

732072 10-06-17

31

Page 2	unt of (h) Description (i) Method of of of or on-cash valuation (book, FMV, assistance appraisal, other)			D.	D.	o.	0,	0,	o.	
13-3500609 ates (Schedide F (Form 960) Part I	unt (f) Manner of (g) Amount of rant cash disbursement assistance	47 95.4 27 95.4	100,000,MIRE	87,460.WIRE	202,833.WIRE	.394. WIRE	148,292,WIRE	82,479, WIRE	90,940. WIRE	
ions or Entities Outside the United St	(d) Purpose of (e) Amount grant of cash grant	PROGRAM SUPPORT		PROGRAM SUPPORT 87,	PROGRAM SUPPORT 202,	PROGRAM SUPPORT 252,	PROGRAM SUPPORT 148	PROGRAM SUPPORT	РКОСКАМ SUPPORT 50,9	
F (Form 990) RAINFOREST TRUST Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 960) Part 13 [no. 1)	(b) IRS code section and EIN (if applicable) (c) Region	SUB -SAHARAN SUB -SAHARAN AFRICA P	AHARAN	SUB - SARARAN BERICA PI	SUB - SAHARAN BUB - SAHARAN AFRICA	SUB -SAHARAN SUB -SAHARAN AFRICA PI	SUB - SAHARAN BRAICA PI	SUB - SAHARAM BFRICA PI	SUB - SAHARAN BYB - SAHARAN AFRICA PI	
Schedule F (Form 990) Part II Continuation of Gr	I 🖞 I									

Schedule F (Form 990) Part II Continuation o	RAINFOREST of Grants and Other Assistance	DREST TRUST Assistance to Organize	(Form 990) RAINFOREST TRUST Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States (Schedule Elform poor Dat 8 from 500 but 8 f	Initad States	13-3500609 (Schediule E (Som som Bout 1	00609		Page 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 cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		sub -SAHARAN						
	4	AFRICA	PROGRAM SUPPORT	100,590 WIRE	WIRE	.0		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	55,000,WIRE	WIRE	0	-	ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	5,000.MIRE	E E E E E E E E E E E E E E E E E E E	0		ACTUAL
	<u>, el</u>	EAST ASIA PACIFIC I	PROGRAM SUPPORT	5,070.	AIRE	c		ACTUAL
	<u>e</u>	EAST ASIA PACIFIC E	PROGRAM SUPPORT	5,000.	<i>W</i> IRE	0		ACTUAL
	<u> </u>	EAST ASIA PACIFIC F	PROGRAM SUPPORT	121,052.0	WIRE	0		ACTUAL
	<u>7</u>	EAST ASIA PACIFIC P	PROGRAM SUPPORT	96, 638, N	WIRE	ő		ACTUAL
	5	EAST ASIA PACIFIC P	PROGRAM SUPPORT	12,000 MIRE	IRE	0		ACTUAL
	8	EAST ASIA PACIFIC P	PROGRAM SUPPORT	85,060 WIRE	IRE			actual

с С

Page 2		(i) Method of valuation (book, FMV, appraisal, other)	Ţ	Ţ	Ţ	Ţ	-j	Ч	ц	Я	Ţ
		(i) valuat apr	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL
	(1	(h) Description of non-cash assistance									
00609	90), Part II, line '	(g) Amount of non-cash assistance	.0	0	0	0.	o	õ	° C	0.	.0
13-3500609	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement	WIRE	WIRE	WIRE	<i>N</i> IRE	AIRE	MIRE	NIRE .	WIRE	ALRE
	United States.	(e) Amount of cash grant	<b>,</b> ≱0€,58	29,535.	30,188.	80, 700- <i>W</i> ire	54,220.WIRE	145,334.	1601736. MIRE	5,000.	29,174.WIRE
	tions or Entities Outside the United States.	(d) Purpose of grant	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPFORT	PROGRAM SUPPORT	TROGRAM SUPPORT	PROGRAM SUPPORT	PROGRAM SUPPORT	ROGRAM SUPPORT
OREST TRUST	Continuation of Grants and Other Assistance to Organizat	(c) Region	EAST ASIA PACIFIC I	EAST ASIA PACIFIC H	EAST ASIA PACIFIC 3	EAST ASIA PACIFIC	EAST ASIA PACIFIC J	EAST ASIA PACIFIC I	EAST ASIA PACIFIC I	RAST ASIA PACIFIC I	SOUTH ASIA
RAINFOREST	f Grants and Other /	(b) IRS code section and EIN (if applicable)		•							
Schedule F (Form 990)	Part I Continuation o	1 (a) Name of organization									×

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Schedule F (Form 990) Part II Continuation o	RAINF f Grants and Other	RAINFOREST TRUST nd Other Assistance to Organiza	(Form 990) RAINFORBST TRUST Continuation of Grants and Other Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	13 – 3500609 Schedule F (Form 990), Part I	00609 90), Part II, line 1		Page 2
ar C	(b) fRS 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)
	· · ·	SOUTH ASIA	тродалы Suprort	62,220 <b>.</b> MIRE	13.8			ACTUAL
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	23,205.0	IRE			ACTUAL
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	8,990 <b>.</b> MIRE	IIRE			ACTUAL
		CENTRAL AMERICA AND THE CARIBBEAN D	ркоскам сиррокт	208,112. <mark>M</mark> IRE	11RE	ō		ACTUAL
		SOUTH AMERICA	ркоскам зиррокт	T01,962.MIRE	IIRE	c		ACTUAL
<ol> <li>A. B. C. /li></ol>	<u> </u>	SOUTH AMERICA	PROGRAM SUPPORT	275,585.0	MIRE	0		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	34,200.0	WIRE	.0		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	576,647.WIRE	LIRE			ACTUAL
2 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010 - C. 2010	<u>8</u> .	SOUTH AMERICA	PROGRAM SUPPORT	124,999,WIRE	ANI	.0		ACTUAL
5								

Schedule F (Form 990) Part II Continuation of	FAINF f Grants and Other	RAINFOREST TRUST nd Other Assistance to Organiza	(Form 990) RAINFOREST TRUST Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	13 - 3500609 Schedule F (Form 990), Part I	0 0 6 0 9 90), Part II, line 1		Page 2
(b) IRS of and EIN (i	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<ul> <li>(h) Description</li> <li>of non-cash</li> <li>assistance</li> </ul>	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	1042941.	HIRE	.0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	1,265,05	HIRE WILES			ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	7,450.MIRE	AIRE	0		ACTUAL
		SOUTH AMERICA	FROGRAM SUPPORT	5 ,000 ,	WIRE	.0		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	434,605,WIRE	WIRE	0.		ACTUAL
		SOUTH AMERICA	PROGRAM SUPPORT	20,190.WINE	VIRE	0		ACTUAL
		a gouna	ркодкам Support	77,860 <b>.</b> Mire	WIRE	0		ACTUAL
		EAST ASIA PACIFIC	PROGRAM SUPPORT	48,485.WIRE	WIRE			ACTUAL
		EAST ASIA PACIFIC	TROGRAM. SUPPORT	154,275.WIRE	WIRE	5		ACTUAL

	(h) Description of non-cash assistance	0 0 6 0 9 1900). Part II, fine 1 non-cash assistance 0 0 0 0 0 0	13-35 (Schedule F Form 9 (f) Manner of cash disbursement arrs arrs arrs arrs arrs arrs arrs arr	<ul> <li>United States.</li> <li>United States.</li> <li>(e) Amount of cash grant</li> <li>aso, 250.</li> <li>380, 250.</li> <li>5,000.</li> <li>5,000.</li> <li>5,000.</li> <li>5,000.</li> <li>5,000.</li> <li>4,710.</li> <li>86, 153.</li> </ul>	RIORS OF Entities Outside the (d) Purpose of grant PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT ROGRAM SUPPORT ROGRAM SUPPORT ROGRAM SUPPORT ROGRAM SUPPORT	ACTFIC Color Assistance to Organiz de section applicable) EAST ASIA PACIFIC EAST ASIA PACIFIC	Grants and Other (b) IRS code section and EIN (if applicable) and EI
FROMERIE SUFFORT			IRE	60,550 .W	PROGRAM SUPPORT		8
		0	IRE	674.	ROGRAM SUPPORT		
PROGRAM SUPPORT B,674, WIRE 0.		0	IRE	21,976.	PROGRAM SUPPORT		X
PROGRAM SUPPORT 21,976. WIRE 0. PROGRAM SUPPORT 8,674. WIRE 0.		0	IRB	71,710.4	PROGRAM SUPPORT	AST ASIA PACIFIC	
PACIFIC PROGRAM SUPPORT 71,710. WIRE 0. PROGRAM SUPPORT 21,976. WIRE 0. PROGRAM SUPPORT 21,976. WIRE 0.		G	명감도	86,153 <b>,</b> W	PROGRAM SUPPORT		<u> </u>
PACTFIC PROGRAM SUPPORT 86,153, WIRE 0. PACTFIC PROGRAM SUPPORT 71,710, WIRE 0. PACTFIC PROGRAM SUPPORT 21,976, WIRE 0. PROGRAM SUPPORT 21,976, WIRE 0. PROGRAM SUPPORT 21,976, WIRE 0.		0	ATRB	25,000.4	PROGRAM SUPPORT		
PACIFIC FROGRAM SUPPORT 25,000. VIRE 0. PACIFIC PROGRAM SUPPORT 86,153. WIRE 0. PACIFIC PROGRAM SUPPORT 71,710. WIRE 0. PACIFIC PROGRAM SUPPORT 71,710. WIRE 0. PROGRAM SUPPORT 21,976. WIRE 0. PROGRAM SUPPORT 21,976. WIRE 0.		o	HIRE		TROGRAM SUPPORT	AST ASIA PACIFIC	· · · · · · · · · ·
PACIFIC PROGRAM SUPPORT 5,000, MIRE 0. PACIFIC PROGRAM SUPPORT 25,000, VIRG 0. PACIFIC PROGRAM SUPPORT 25,000, VIRG 0. PACIFIC PROGRAM SUPPORT 71,710, WIRE 0. PACIFIC PROGRAM SUPPORT 71,710, WIRE 0. PACIFIC PROGRAM SUPPORT 21,976, WIRE 0.		0	WIRE	380,250.	PROGRAM SUFPORT	AST ASIA PACIFIC	
PACIFIC FROGRAM SUPPORT 380,250, MER 0. PACIFIC FROGRAM SUPPORT 5,000, MIRE 0. PACIFIC PROGRAM SUPPORT 25,000, MIRE 0. PACIFIC PROGRAM SUPPORT 21,976, MIRE 0.		(g) Amount of non-cash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	<ul> <li>(b) IRS code section</li> <li>ind EIN (if applicable)</li> </ul>
(h) Description of non-cash assistance	(	90), Part II, line 1	(Schedule F (Form 9	e United States.	ations or Entities Outside the	Assistance to Organiz	Grants and Other
							attices of consistential of the united States. (Schedule F (Form 990), Part II, inter 1)       attices of grant     (a) Purpose of cash grant       (a) Purpose of grant     (a) Amount of non-cash grant       grant     of cash grant     (a) Amount of non-cash grant       grant     of cash grant     cash dishursement       PROGRAM SUPPORT     380, 250, MIRE     0,       PROGRAM SUPPORT     5,000, MIRE     0,       PROGRAM SUPPORT     25,000, MIRE     0,

1     1       (a) Name of organization     (b) FR: onder section     (c) Fraginization     (c) Amount of circles (c) (c) Amount of circles (c) (c) Amount of circles (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	PROGRAM SUPPORT PROGRAM SUPPORT PROGRAM SUPPORT	e) Amount (1) (e) Amount (1) of cash grant cash 5, 448, WIRE 32, 000, WIRE 381, 370, WIRE	Scredue - (rorm 9 (f) Manner of cash disbursement MIRE WIRE	90), Part II, line 100-cash assistance 0.0.	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other) AcruaL AcruaL
ASIA L AMERICA E CARIBBEAN P SIA PACIFIC P P P	A SUPPORT A SUPPORT C SUPPORT	5,448, W	IXE IXE IXE	0 0		ACTUAL
L AMERICA E CARIBBEAN P AMERICA SIA PACIFIC P P	í support support support	32,000,41				ACTUAL
AMERICA SIA PACIFIC	I SUPPORT	381, 370, ¹	IXE			
SIA PACIFIC PROGRAM PROGRAM PROGRAM						ACTUAL
	I SUPPORT	34,800,WI	WIRE	o		ACTUAL
	PROGRAM SUPPORT	124,078.WI	WIRE	c		ACTUAL
	PROGRAM SUPPORT	9,625. <b>W</b> I	WIRE	0		ACTUAL
	треокт	28,756 <b>,</b> MI	WIRE	o		ACTUAL
NORTH AMERICA PROGRAM SUPPORT	SUPPORT	12,632.WIRE	ar.	0		ACTUAL
SOUTH AMERICA RETURN OF FUNDS	OF FUNDS	-220082, <mark>WIRE</mark>	BR	0		ACTUAL

Page 3		<ul> <li>(h) Method of valuation (book, FMV, appraisal, other)</li> </ul>						Schedule F (Form 990) 2017
	: IV, line 16.	(g) Description of noncesh assistance						Sched
13-3500609	on Form 990, Parl	(f) Amount of noncash assistance						
13	the organization answered "Yes" o	(e) Marıner of cash disbursement						
	ttes. Complete if	(d) Amount of cash grant		<u>.</u>			<del>, , , , , , , , , , , , , , , , , , , </del>	
UST	le the United Sta d.	c) Number of recipients						
RAINFOREST TRUST	te to Individuals Outsid	(b) Region						
Schedule F (Form 990) 2017 R	Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 890, Part IV, line 16. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance						

732073 10-06-17

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)	TYes	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

Schedule F (Form 990) 2017

16091101 756386 22024.0

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 PREFORMS DUE DILIGENCE BY VETTING THE PARTNERS AND PROJECT PROPOSALS THROUGH OUR ADVISORY COUNCIL AS WELL AS INDEPENDENT CONSERVATION SCIENTISTS AND PRACTITIONERS SERVE AS REVIEWERS. WE ALSO CONTACT OTHER FUNDERS TO REQUEST CONFIDENTIAL EVALUATIONS OF THE PARTNER'S GOVERNANCE, INSTITUTIONAL STABILITY, ABILITY TO EXECUTE THE PROJECT, AND ABILITY TO MANAGE THE GRANT. IF THE PARTNER ORGANIZATION IS ABLE TO ACCOUNT FOR ANY NEGATIVE FEEDBACK FROM THE PEER REVIEW AND OTHER FUNDER REVIEW PROCESS ADEQUATELY THE PROJECT THEN MOVES ON FOR CAREFUL EVALUATION BY OUR BOARD OF 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. ANY PROJECTS THAT INCLUDE A LAND PURCHASE ARE REQUIRED TO PROVIDE A COPY OF THE LAND TITLE.

732075 10-06-17

SCHEDULE   (Form 990)	C G G	Grants and Oth Governments, an Complete if the organization	and Other Assistance to Organizations, ients, and Individuats in the United States organization answered "Yes" on Form 990, Part IV, line 21 or 22.	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	n 990. The latest inform	tation.		Open to Public Inspection
Name of the organization RAINFOREST TRUST	3Τ TRUST						Employer identification number 13 - 3500609
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	istance, and the selec	
	istance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rocedures for moni	toring the use of grant 1	funds in the United	States,			
Cantal Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domestic	covernments. Co	omplete if the orga	inization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e or or government or government (if applicable) cash grant	(b) EIN	(c) IRC section (ff applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LEGADO INC. Po Box 247 Jackson, nh 03846	82-2030366	501(C)(3)	134,621.	· · · · ·			PROGRAM SUPPORT
CARNEGIE INSTITUTION OF WASHINGTON 1530 P STREET, NW WASHINGTON, DC 20005	r 53-0196523	501(C)(3)	200,000.	o			PROGRAM SUPPORT
GLOBAL WILDLIFE CONSERVANCY PO BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	11,705.				PROGRAM SUPPORT
WOODLAND PARK ZOOLOGICAL SOCIETY 5500 PHINNEY AVENUE N SEATTLE, WA 98103	91-6070005	501(C)(3)	64,700.				PROGRAM SUPPORT
TURTLE CONSERVANCY 1794 MCNELL ROAD OJAI, CA 93023	20-2899240	501(C)(3)	.000,	.0			PROGRAM SUPPORT
INTERNATIONAL CRANE FOUNDATION E-11376 SHADY LANE ROAD, PO BOX 44 BARABOO, WI 53913		501(c)(3)	6,790.	o			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	e line 1 tabie	-			7.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					•0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2017)

732101 11-01-17

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Schedulel (Form 980) RAINFOREST TRUST 13-3500609 Page 1	(c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant if applicable cash grant non-cash valuation to (book, FMV, assistance assistance assistance appraisal, other)	30,375.0.					
000 to 1 (Earne 000	(f) Method o valuation (book, FMV, appraisal, oth				- - - - - - -	:	
Tottod Ctation (Dat	(e) Amount of non-cash assistance			 			
I odł in oktoria	(d) Amount of cash grant	30,375.					
Contractor and Oran	(c) IRC section if applicable	501(C)(3)					
T TRUST	(p) EIN	52-1443147					
Schedule   (Form 990) RAINFOREST TRUST	(a) Name and address of organization or government	INTERNATIONAL UNION FOR CONSERVATION OF NATURE UNITED STATES - 1630 CONNECTICUT AVENUE, NW, SUITE 300 - WASHINGTON, DC					

Schedule I (Form 990) (2017) RAINFOREST TRUST				13-3500609 Page 2
Part	te if the organization answ	vered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance (b) Number recipients	Number of (c) Amount of scipients 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 required in Pa	in Part I, line 2: Part III, column (b); and any other additional information.	(b); and any other add	Jitional information.	
PART I, LINE 2:				
RAINFOREST TRUST PERFORMS DUE DILIGENCE	BY VETTING	THE PARTNERS	AND PROJECT	
PROPOSALS THROUGH OUR ADVISORY COUNCIL	AS WELL AS IN	INDEPENDENT C	CONSERVATION	
SCIENTISTS AND PRACTITIONERS SERVE AS R	REVIEWERS. WE	ALSO	CONTACT OTHER	
FUNDERS TO REQUEST CONFIDENTIAL EVALUATIONS	OF	THE PARTNER'S GO	GOVERNANCE,	
INSTITUTIONAL STABILITY, ABILITY TO EXE	EXECUTE THE PROJ	PROJECT, AND AB	АВІЛЛТҮ ТО	
MANAGE THE GRANT. IF THE PARTNER ORGANIZATION	ZATION IS ABLE	LE TO ACCOUNT FOR	T FOR ANY	
NEGATIVE FEEDBACK FROM THE PEER REVIEW	AND OTHER FUN	FUNDER REVIEW	PROCESS	
ADEQUATELY THE PROJECT THEN MOVES ON FOR	CAREFUL	EVALUATION BY	OUR BOARD OF	
	44			Schedule I (Form 990) (2017)

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 I (Form 990)

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

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 the latest information.

OMB No. 1545-0047 Open To Public Inspection oer

Employer Identification numb
13-3500609

	RAINFOREST	
Part I Types	of Property	

1000.70		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermining	nts
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	24	10,674,811.	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		1				
17	Real estate - Other			<u>, ,</u>	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	
18	Collectibles			·····		<u></u>	
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy				···· ·	·····	
22	Historical artifacts			· · · · ·			
23	Scientific specimens		· · · · · ·	· · · · · · · · · · · · · · · · · · ·		• •	
24	Archeological artifacts	· ··· ·	· · · · · · · · · · · · · · · · · · ·	·····		· · · ·	
25	Other ► (OTHER GOODS )	X	13	7,038,	COMPARABLE	SALES	
26	Other ► ()			,,000.			
27	Other (			· · · · · · ·			
28	Other ► (				· · · · · · · · · · · · · · · · · · ·	· · ·	
29	Number of Forms 8283 received by the organi	zation during	the tay year for a	ontributions	······	· ·· ·	
	for which the organization completed Form 82						
	for million and organization opinpleted form og	00, Fartiv, 1		Jement			
30-	During the year, did the organization receive b	. contributio		a shared in David I. Kanan A. Alaman		Yes	No
004	must hold for at least three years from the date	y commodia of the initia	n any property rep doorstribution and	Juneu III Part I, intes T throug	gn 26, that it aad fau		
							X
ħ	exempt purposes for the entire holding period. If "Yes," describe the arrangement in Part II.	۰	·····			30a	<b>4</b>
о 31			auluan the sector	and an an an an an an an an an an an an an			1800 - S
	Does the organization have a gift acceptance (				tions?	31	<u> </u>
ა∠მ	Does the organization hire or use third parties						
	contributions?					32a	X

describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2017

732141 09-07-17

b If "Yes," describe in Part II.

### Schedule M (Form 990) 2017 RAINFOREST TRUST

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

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SCHEDULE O

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



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

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

THROUGH PURCHASE OF PRIVATE LANDS, RESERVE CREATION, COMMUNITY

ENGAGEMENT, INFORMATION DISSEMINATION AND EDUCATION TO RAISE AWARENESS.

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

DEMARCATION, AND SALARIES FOR PARK GUARDS.

MAJOR ACCOMPLISHMENTS FOR 2017: (A) IN TOTAL WE HELPED DECLARE OR PURCHASE 23 NEW PROTECTED AREAS FOR A TOTAL OF 1,300,405 ACRES. THIS BRINGS THE TOTAL ACRES SAVED SINCE OUR FOUNDING TO MORE THAN 18 MILLION ACRES ACROSS 28 COUNTRIES; (B) WE HELPED CREATE THE 1,061,237-ACRE BURA EAST CONSERVANCY IN KENYA; (C) WE CONTINUED OUR WORK IN THE PERUVIAN AMAZON TITLING INDIGENOUS LANDS TOTALING OVER 83,000 ACES; (D) WE CREATED THE KAY DOH MAE NYAW PROTECTED AREA IN MYANMAR TOTALING 66,965 ACRES; (E) WE CARRIED OUT OUR LARGEST-EVER LAND PURCHASE, ACQUIRING THE 44,726 ACRES CALOOLA STATION IN AUSTRALIA; AND (F) WE ESTIMATE THAT WE ARE WORKING TO PROTECT APPROXIMATELY 63% OF EARTH'S BIRD SPECIES, 42% OF ALL MAMMAL SPECIES, AND 25% OF ALL AMPHIBIAN SPECIES.

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

THE CONSERVATION DEPARTMENT FOCUSED ENTIRELY ON LEADING OUR

PARTICIPATION IN THE GLOBAL KEY BIODIVERSITY AREAS (KBA) PARTNERSHIP

AND USING KBA AND OTHER DATA SOURCES TO GUIDE THE IDENTIFICATION AND

PERIODIZATION OF SITES FOR CONSERVATION.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 08-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number

RAINFOREST TRUST

13-3500609

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, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON OTHER WEBSITES AS WELL AS OUR OWN WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

THE ORGANIZATION PUBLISHES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST,

RECORDS & RETENTION, COMP POLICY.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE

AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT

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

730219 89-07-17

## Form 8868

(Rev. January 2017)

#### Department of the Treasury Internal Revenue Service

#### Application for Automatic Extension of Time To File an **Exempt Organization Return** OMB No. 1545-1709

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

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

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

		Enter filer's identifying number					
Type of print	Name of exempt organization or other filer, see inst	ructions.			Employer identification number (EIN) o		
•	RAINFOREST TRUST				13-3500609		
File by the due date filing you return. S	Number, street, and room or suite no. If a P.O. box,	, see instruc	tions.	Social se	Social security number (SSN)		
instructio		foreign add	ress, see instructions.		••••••••••••••••••••••••••••••••••••••		
Enter 1	he Return Code for the return that this application is for (	file a separa	ate application for each return)			01	
Applic		Return	Application			Return	
ls For		Code	is For			Code	
Form §	90 or Form 990-EZ	01	Form 990-T (corporation)		<del>.</del>	07	
Form 9	990-8L	02	Form 1041-A			08	
Form 4720 (individual) 03 Form 4720 (other than individual)						09	
Form 990-PF 04 Form 5227						10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above) 06 Form 8870 THE ORGANIZATION						12	
Tele ● If th ● If th box ▶	books are in the care of $\blacktriangleright$ 7078 AIRLIE RC phone No. $\blacktriangleright$ 800-456-4930 e organization does not have an office or place of busine is is for a Group Return, enter the organization's four digit i. If it is for part of the group, check this box $\blacktriangleright$ request an automatic 6-month extension of time until	ss in the Ur t Group Exe	Fax No. ► ited States, check this box imption Number (GEN) If ch a list with the names and EINs of	this is fo	r the whole ers the ext	group, check this ension is for.	
f D	Calendar year 2017 or     tax year beginning     the tax year entered in line 1 is for less than 12 months,	e organizatio	d ending			ation return	
	Change in accounting period	Crieck reast	on: Initial return I f	final retur	n		
3a li	this application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069, d	enter the tentative tax, less any				
_	onrefundable credits. See instructions.			3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 606						
estimated tax payments made. Include any prior year overpayment allowed as a credit.						Ο.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System). See instructions.						0.	
Cautio instruct	n: If you are going to make an electronic funds withdrawa ions.	al (direct del	bit) with this Form 8868, see Form 84	153-EO ar	nd Form 88	79-EO for payment	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. LHA

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

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