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

(Rev. January 2020) 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.

Open to Public Inspection

OMB No. 1545-0047

A F	or th	e 2019 calendar year, or tax year beginning and	ending	_	
B	Check if pplicab	C Name of organization		D Employer identifi	cation number
	Addre				
F	Name			13-35006	09
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	 □Final □return	7078 ATRITE POAD		800-456-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,390,569.
	Amen return	WARRENION, VA 2016/		H(a) Is this a group re	
	Applied tion	F Name and address of principal officer: DK • OAMES C • DE0150	CH	for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)($ ) (insert no.) 4947(a)(1) of the status of the	or 527	1	list. (see instructions)
		te: > WWW.RAINFORESTTRUST.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1989 N	M State of legal domicile: VA
Pa	art I	Summary	AT COTO	N OF BATNES	DECEMBRICATION
ø	1	Briefly describe the organization's mission or most significant activities: THE I			
Governance		IS TO PROTECT THREATENED RAINFORESTS AND			
ērn	2	Check this box  if the organization discontinued its operations or dispos			
90	3			3 4	14 14
	-	Number of independent voting members of the governing body (Part VI, line 1b)			50
Activities &	5 6	Total number of individuals employed in calendar year 2019 (Part V, line 2a)  Total number of volunteers (estimate if necessary)			14
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą		Net unrelated business taxable income from Form 990-T, line 39			0.
	<u> </u>	The difference business taxable meetine from one 1, fine so		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		47,839,752.	22,905,224.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,144,332.	977,410.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		48,984,084.	23,882,634.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,388,820.	15,337,941.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,793,288.	3,259,190.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
É	b	Total fundraising expenses (Part IX, column (D), line 25)   1,123,53	34.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,341,379.	1,952,322.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,523,487.	20,549,453.
_	19	Revenue less expenses. Subtract line 18 from line 12		34,460,597.	3,333,181.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		59,582,601.	63,511,521.
et A	21	Total liabilities (Part X, line 26)		165,139.	574,869.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		59,417,462.	62,936,652.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etatome	unter and to the heet of my	knowledge and helief it is
		thes of perjury, i declare that i have examined this return, including accompanying schedules of, and complete. Declaration of preparer (other than officer) is based on all information of wh			Kilowieuge allu bellei, it is
iiuc	, 60116		non proparoi	ilas any knowicuge.	
Sig	n	Signature of officer		Date	
Her		DR. JAMES C. DEUTSCH, CEO			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ı	ROHINI CHANDRABHATLA ROHINI CHANDRABI	HATLA	if self-employ	P00740442
	arer	Firm's name SIKICH LLP	I		36-3168081
-	Only	Firm's address 1199 N. FAIRFAX STREET 10TH FLOC	R		
		ALEXANDRIA, VA 22314		Phone no. (7	03) 836-1350
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED RAINFORESTS
	AND ENDANGERED WILDLIFE THROUGH PURCHASE OF PRIVATE LANDS, RESERVE
	CREATION, COMMUNITY ENGAGEMENT AND INFORMATION DISSEMINATION AND
	EDUCATION TO RAISE AWARENESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$18,418,080. including grants of \$14,808,122. ) (Revenue \$)
	THE LAND PURCHASE AND PROTECTED AREA CREATION PROGRAM FOCUSES ON THE
	IDENTIFICATION AND PROTECTION OF THE HIGHEST PRIORITY LANDS IN THE
	TROPICS FOR BIODIVERSITY CONSERVATION, ESPECIALLY RAINFORESTS AND OTHER
	THREATENED TROPICAL HABITATS. RAINFOREST TRUST TARGETS THESE AREAS FOR
	CONSERVATION AND ACHIEVES THEIR CONSERVATION IN PERPETUITY THROUGH
	METHODS INCLUDING DIRECT LAND PURCHASE AND GOVERNMENTAL DESIGNATIONS OF
	NEW PROTECTED AREAS. RAINFOREST TRUST WORKS ON-THE-GROUND WITH LOCAL
	PARTNERS AND INDIGENOUS COMMUNITIES TO ESTABLISH NEW PROTECTED AREAS.
	RAINFOREST TRUST PROVIDES TECHNICAL GUIDANCE DURING THE IDENTIFICATION,
	ESTABLISHMENT, AND MANAGEMENT OF NEW PROTECTED AREAS. PROGRAM EXPENSE
	COSTS INCLUDE LAND PURCHASE AND LEASE, MEETINGS WITH LOCAL COMMUNITIES
	AND GOVERNMENTS, DECLARATION COSTS, LEGAL REVIEW, DEMARCATION, AND
4b	(Code:) (Expenses \$ 322,425. including grants of \$ 183,971. ) (Revenue \$
	THE CONSERVATION AND LAND MANAGEMENT PROGRAM SUPPORTS INFRASTRUCTURE
	IMPROVEMENTS OF NEW AND EXISTING PROTECTED AREAS INCLUDING RANGER
	STATIONS, FENCING, TRAILS, REFORESTATION, MANAGEMENT PLANS AND
	PROVIDING FOREST GUARDIANS AND OTHER STAFF FROM LOCAL COMMUNITIES TO
	ASSIST WITH RAINFOREST PROTECTION AND MANAGEMENT. IN 2018, WE LAUNCHED
	OUR CONSERVATION FELLOWS & GUARDIANS PROGRAMS DESIGNED TO HIGHLIGHT AND
	SUPPORT THE INDIVIDUAL CONSERVATIONISTS, WITHIN OUR LOCAL COMMUNITIES
	AND PARTNER ORGANIZATIONS, WHO LEAD OUR WORK GLOBALLY.
40	(Code:) (Expenses \$ 377,768 • including grants of \$ 345,848 •) (Revenue \$
40	(Code:) (Expenses \$377,768. including grants of \$345,848. ) (Revenue \$ THE RAPID RESPONSE PROGRAM SUPPORTS: (A) TARGETED SEARCHES FOR
	ENDANGERED SPECIES TO DETERMINE WHICH PROPERTIES WITHIN A REGION HOST
	SIGNIFICANT UNPROTECTED POPULATIONS OF KEY SPECIES; (B) MEETINGS WITH
	LOCAL PEOPLE AND GOVERNMENT OFFICIALS TO EVALUATE INTEREST IN CREATING
	A NEW PROTECTED AREA; (C) INVESTIGATION OF LAND TENURE AND PROPERTY
	PRICES FOR KEY AREAS; (D) ASSESSMENT OF ECOTOURISM AND OTHER MECHANISMS
	THAT SUSTAINABLY SUPPORT CURRENT PROTECTED RESERVES; AND (E) RAPID
	RESPONSE PROJECTS TO FIGHT IMMEDIATE THREATS ON CURRENT PROJECTS AND
	PROJECTS IN PROCESS. IN 2018, WE SUPPORTED 28 RAPID PROTECTED AREA
	FEASIBILITY AWARDS IN 21 COUNTRIES. MOST STUDIES ARE LEADING TO
	PROPOSALS TO RAINFOREST TRUST TO CREATE NEW PROTECTED AREAS. IN 2018,
	WE STRENGTHENED OUR CONSERVATION TEAM WITH THE FULL RECRUITMENT OF OUR
4d	Other program services (Describe on Schedule O.)
<del>-</del> u	16 014
40	(Expenses \$ 10,914 · including grants of \$ ) (Revenue \$ )  Total program sorvice expenses \$ 19,135,187 .

2019.04000 RAINFOREST TRUST

# Form 990 (2019) RAINFOREST TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		├^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	

Form	1990 (2019) RAINFOREST TRUST 13	<u>-3500609</u>	9 F	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	· · · · · · · · · · · · · · · · · · ·	248		x
h	Schedule K. If "No," go to line 25a			125
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		<b>,</b>	
C	• • • • • • • • • • • • • • • • • • • •	ı		
	any tax-exempt bonds?	240		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	1	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b>₩</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		3	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ı		3,7
	Schedule L, Part I	<u>25</u> k	<u> </u>	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	∍,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	ııı <u>27</u>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	288	a X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280	,	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
O_		32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			122
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
05-	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		3	<u>^</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	l l		3,7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

932004 01-20-20

(gambling) winnings to prize winners?

Form	990 (2019) RAINFOREST TRUST 13-3500	609	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del></del>
	.,	30		$\vdash$
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		X
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├─
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Ь—
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
и а				
b	Gross income from members or shareholders	1		
b	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		IZa		
	,	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		—
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2019)

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

	Check if Schedule O contains a response or note to any line in this Part VI					X		
<u>Sec</u>	tion A. Governing Body and Management							
			_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
	officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app		··· [					
	more members of the governing body?		.	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		···· [					
	persons other than the governing body?		-	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	-	[a	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		····					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev							
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			l0a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such cha							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	l0b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			l1a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		1	l2a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo	es," describe						
	in Schedule O how this was done		1	l2c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?		L	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		1	l5a	X			
b	Other officers or key employees of the organization		<u>  1</u>	5b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a						
	taxable entity during the year?		1	l6a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's						
	exempt status with respect to such arrangements?		1	6b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, CA, CO, CT, Do							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Section 501	(c)(3)s o	nly)	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.							
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	oflict of interest policy	, and fi	nanc	ial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and records						
	THE ORGANIZATION - 800-456-4930							
	7078 AIRLIE ROAD, WARRENTON, VA 20187				000			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not ch , unles	neck i	ition more son is	than o	n an	(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	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN MITCHELL	0.50								_	_
CHAIR EMERITUS		Х						0.	0.	0.
(2) ERIC VEACH	0.50									
CHAIR		Х		X				0.	0.	0.
(3) SALLY F. DAVIDSON	0.50									
TREASURER		Х		X				0.	0.	0.
(4) DR. WILLIAM WAYT THOMAS	0.50									
SECRETARY		Х		X				0.	0.	0.
(5) EDITH MCBEAN	0.50									
VICE CHAIR		Х		Х				0.	0.	0.
(6) ROBERT GILES	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) JEFFREY ZACK	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) DR. THOMAS LOVEJOY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) DR. E.O. WILSON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) PATRICIA A. KOVAL	0.50									
BOARD MEMBER		X						0.	0.	0.
(11) GEOFFREY CHEN	0.50									
BOARD MEMBER		X						0.	0.	0.
(12) ANN KAUPP	0.50									
BOARD MEMBER		Х						0.	0.	0.
(13) ERIC GOODE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(14) KIM STEWART	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) MARK GRUIN	40.00									
ACTING CEO				X				135,376.	0.	4,869.
(16) ANGELA YANG	40.00									
CHIEF CONSERVATION OFFICER			Ш			X		105,942.	0.	9,037.
(17) PATRICIA MUNOZ-CHERNITSKY	40.00									
CFO						X		127,124.	0.	9,615.

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Section A. Officers, Directors, Trus	stees, Key Em	<u>ploy</u>	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	S (continued)				
(A) Name and title	(B) Average	(do	(C) Position (do not check more than one				one	<b>(D)</b> Reportable	(E) Reportable		(F) Estimated		
	hours per week	box	, unle	ss per	son i	is both	n an	compensation from	compensation from related	d		nount other	
	(list any hours for	or directo	90			ited		the organization	organizatior (W-2/1099-MI		fro	pensa om th	ie
	related organizations	trustee	al truste		yee	mpens		(W-2/1099-MISC)				anizat d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	nizati	ions
(18) LESLIE VANSANT	40.00		_		×								24
CHIEF PHILANTHROPY OFFICER		$\vdash$		Н		X		102,922.		0.	18	3,9	31.
		-											
						H							
		<u> </u>				_							
		-											
		$\vdash$				-							
		$\vdash$				$\vdash$							
1b Subtotal								471,364.		0.	42	2,4	52.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								471,364.		0.	4:	2.4	0. 52.
Total number of individuals (including but in the control of							o re	•	000 of reportabl				
compensation from the organization											<del></del>	Yes	4 No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	emplo	oye	e, or	hig	hest compensated emp	oyee on			162	140
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•							•	•		4		x
5 Did any person listed on line 1a receive or											_		
rendered to the organization? <i>If</i> "Yes." <i>cor</i> Section B. Independent Contractors	nplete Schedul	e J f	or su	ıch p	oers	on .					5		X
Complete this table for your five highest or	mpensated inc	 ege	nde	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	pensa	tion frc		
the organization. Report compensation for	•	-											
(A) Name and business	s address	NΩ	ONE	₹.				<b>(B)</b> Description of s	ervices	C	(C Comper		n
			<u> </u>										
2 Total number of independent contractors (	including but a	ot lir	nitor	1 to t	thor	مزا مع	tod	above) who received me	ore than				
\$100,000 of compensation from the organ	•	JL III	me	יי נט נ		)	ieu	above, who received file	JE HIAH				

13-3500609

Form 990 (2019) **Part VIII** 

Statement of Revenue

		Check if Schedule O contains	a response of	or note to any lin	e in this Part VIII			
				_	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
<b>'0</b> '0	4 -	Fodewated commeleus	la-l					
nts st		Federated campaigns						
Sp. oc		Membership dues						
S, (		Fundraising events	1 1					
a g	d	Related organizations	. 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	<ul> <li>Government grants (contributions)</li> </ul>	1e					
io	f	All other contributions, gifts, grants, ar	nd					
the E		similar amounts not included above	. 1f	22,905,224.				
<u> </u>	g	Noncash contributions included in lines 1a-1f	1g \$	538,822.				
Sol	h	Total. Add lines 1a-1f		<b></b>	22,905,224.			
				Business Code				
	2 a							
ÿ								
ne v	b							
n S	С							
<u>ra</u>	d							
Program Service Revenue	е							
Δ.	f	All other program service revenue						
$\perp$	g	Total. Add lines 2a-2f		<u></u>				
	3	Investment income (including divid	dends, intere	st, and				
		other similar amounts)			952,498.			952,498.
	4	Income from investment of tax-exe						
	5	Royalties						_
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	.,					
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)	Citi	(::) Oth -::				
	7 a		Securities	(ii) Other				
		assets other than inventory   7a   1	,532,847.					
	b	Less: cost or other basis						
e			,507,935.					
ther Revenue	С	Gain or (loss) <mark>7c</mark>	24,912.					
Be	d	Net gain or (loss)	<u></u>	<b></b>	24,912.			24,912.
ē	8 a	Gross income from fundraising events	(not					
₹		including \$	of					
		contributions reported on line 1c).	I					
		Part IV, line 18	I					
	h	Less: direct expenses	I .					
		: Net income or (loss) from fundraisi		<b>&gt;</b>				
	Эа	Gross income from gaming activiti	I .					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming a		······ <b>•</b>				
	10 a	Gross sales of inventory, less return	I					
		and allowances	10a					
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of	inventory	<b>)</b>				
				<b>Business Code</b>				
snc	11 a	ı						
ne	b							
Miscellaneous Revenue	c							
Sce	ں ہ	:  I All other revenue						
Σ	u -			<b></b>				
		Total Add lines 11a-11d			23,882,634.	0.	0.	977 /10
	12	Total revenue. See instructions		<u></u>	43,004,034.	<u> </u>	<u>ı</u>	977,410.

# Form 990 (2019) 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).
Check if Schedule O contains a response or note to any line in this Part IX

Do	Check if Schedule O contains a responnot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,370,936.	4,370,936.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,967,005.	10,967,005.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	140,246.	95,756.	9,659.	34,831.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,682,337.	1,830,041.	183,380.	668,916.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,332.	33,709.	2,718. 14,971.	14,905. 46,420.
9	Other employee benefits	174,881.	113,490.	14,971.	46,420.
10	Payroll taxes	210,394.	142,177.	14,787.	53,430.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	50,473.	49,489.	141.	843.
С	Accounting	19,628.		19,628.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	404,085.	307,046.	19,462.	77,577. 42,173.
12	Advertising and promotion	223,997.	181,812.	12.	42,173.
13	Office expenses	157,817.	114,919.	9,588.	33,310.
14	Information technology	28,246.	27,790.	79.	377.
15	Royalties				
16	Occupancy	173,125.	121,634.	11,346.	40,145.
17	Travel	157,509.	135,782.	847.	20,880.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	95,214.	70,272.	2,994.	21,948.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,452.	64,394.	183.	875.
23	Insurance	9,456.	9,318.	24.	114.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	NON COLLECTABLE PLEDGES	313,693.	313,693.		
b	PRINTING AND PUBLICATIO	103,660.	63,122.	12.	40,526.
C	OTHER PROJECT EXPENSES	97,982.	97,982.		•
d	DUES AND SUBSCRIPTION	51,985.	24,820.	901.	26,264.
-	All other expenses	•	,		•
25	Total functional expenses. Add lines 1 through 24e	20,549,453.	19,135,187.	290,732.	1,123,534.
26	Joint costs. Complete this line only if the organization	, -,	,,,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

FdI	LA	Dalance Sheet					
		Check if Schedule O contains a response or r	ote to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,960,461.	1	4,163,174.
	2	Savings and temporary cash investments			53,585,376.	2	51,097,393.
	3	Pledges and grants receivable, net			2,768,285.	3	6,140,621.
	4	Accounts receivable, net		14,457.	4	11,260.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	49,021.
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			65,972.	9	65,598.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		215,495.			
	b	Less: accumulated depreciation		103,874.	63,130.	10c	111,621.
	11	Investments - publicly traded securities			974,502.	11	1,537,095.
	12	Investments - other securities. See Part IV, lin			143,335.	12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14	225 522		
	15	Other assets. See Part IV, line 11			7,083.	15	335,738.
	16	Total assets. Add lines 1 through 15 (must e			59,582,601.	16	63,511,521.
	17	Accounts payable and accrued expenses		163,873.	17	239,131.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul				00	
Lial		controlled entity or family member of any of the Secured mortgages and notes payable to unr		-l		22	
	23 24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		_ <u></u>	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lir	•				
		of Schedule D	163 17-24).	Complete Fait A	1,266.	25	335,738.
	26	Total liabilities. Add lines 17 through 25			165,139.	26	574,869.
		Organizations that follow FASB ASC 958, c					<u> </u>
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			-1,957,206.	27	-2,806,330.
3al	28	Net assets with donor restrictions			61,374,668.	28	65,742,982.
l pu		Organizations that do not follow FASB ASC					,
Ε̈́		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			59,417,462.	32	62,936,652.
_	33	Total liabilities and net assets/fund balances			59,582,601.	33	63,511,521.

Pa	rt XI Reconciliation of Net Assets					-J-
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,	882	2,6	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,	549	9,4	53.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	33:	3,1	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	59,	41'	7,4	62.
5	Net unrealized gains (losses) on investments	5		186	5,0	09.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	62,	936	5,6	<u>52.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990:		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		<u>L</u>	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			FOREST TRU						3-3500609
Pa	rt I	Reason for Public (	Charity Status (	All organizations must co	mplete thi	is part.) Se	ee instructions		
The o	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, ch	neck only o	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative		•			ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	ety.See 🛭	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne function	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	section	509(a)(2).	See section 5	609(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	and comp	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled I	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ıpporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ring
		control or management o	of the supporting orga	anization vested in the sa	me persor	ns that co	ntrol or manag	je the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated i	n connect	ion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	<b>/ integrated.</b> A supp	orting organization opera	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or		nally integrated supportir	ng organiza	ation.			
		er the number of supported of							
g		vide the following information  i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(11) 2.11	(described on lines 1-10	in your governi	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))	res	NO			,

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12778261.	15560380 <b>.</b>	20967870.	47839752.	22905224.	120051487
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	12778261.	<u> 15560380.</u>	20967870.	47839752.	22905224.	120051487
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						59455300.
	Public support. Subtract line 5 from line 4.						60596187.
	ction B. Total Support		Г	T	1	1	T
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	12778261.	15560380.	20967870.	47839752.	22905224.	120051487
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		1 40 500	100 556		050 400	1015101
	and income from similar sources	73,813.	148,780.	198,556.	441,544.	952,498.	1815191.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	0.75	6 056				
	assets (Explain in Part VI.)	975.	6,956.				7,931.
	<b>Total support.</b> Add lines 7 through 10						121874609
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is fo	•	, ,	, ,	,	( / ( /	_
Sec	organization, check this box and sto	p here ic Support Per	centage				<b>&gt;</b>
	•	• • •		aluma (fl)		44	49.72 %
	Public support percentage for 2019 (		· ·	***		15	49.72 % 41.51 %
	Public support percentage from 2018 33 1/3% support test - 2019. If the						
10a							<b>.</b> 37
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2018.</b> If the		-		lino 15 is 22 1/20/		
U	and <b>stop here.</b> The organization qua						
170							
118	10% -facts-and-circumstances test						
	and if the organization meets the "fact meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
<b>L</b>							
D	10% -facts-and-circumstances test more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		•
12	Private foundation. If the organization		•	•	,		
.0	Thate louisdation. If the organization	and not offern a	box of file to, to	<u>u, 100, 17a, 01 17k</u>		edule A (Form 990	
					00110		

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	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.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here						<u></u>
	ction C. Computation of Publi					Г	
	Public support percentage for 2019 (li			olumn (f))		15	<u>%</u>
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2019. If the						is not
	more than 33 1/3%, check this box ar						<b>&gt;</b>
k	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	<b>&gt;</b>
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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

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

	AUTO CONTROL OF THE C	<del></del>	- 10	age <b>o</b>
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion 6. Type it Supporting Organizations		V	
			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	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in (2), did the organization's supported organizations have a			
J	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 <b>Part VI</b> the role the organization's			
	,	3		
Sec	supported organizations played in this regard. stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	)	
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? <i>Provide details in Part VI.</i>	3a		
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.

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

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

1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1 2 3 4 5 6 7 8		
Other gross income (see instructions)  Add lines 1 through 3.  Depreciation and depletion  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)  Other expenses (see instructions)	3 4 5 6 7		
4 Add lines 1 through 3.  5 Depreciation and depletion  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)  7 Other expenses (see instructions)	6 7		
<ul> <li>Depreciation and depletion</li> <li>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)</li> <li>Other expenses (see instructions)</li> </ul>	6 7		
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)  Other expenses (see instructions)	6 7		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  Other expenses (see instructions)	7		
maintenance of property held for production of income (see instructions)  Other expenses (see instructions)	7		
7 Other expenses (see instructions)	7		
	8		
ection 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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in	ntegrated	Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	ı	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information Device the supplemental Part Section 2015
T GIT VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

**Employer identification number** 

RAINFOREST TRUST 13-3500609					
Organization type (check	c one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ule. See instructions.			
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor				
Special Rules					
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	, or 16b, and that received from			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its				

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

13-3500609

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	- Nume, addition, and En 1 1	\$ 2,025,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 663,559.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$18,048.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$506,500.	Person X Payroll

Name of organization Employer identification number

RAINFOREST TRUST 13-3500609

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		<u> </u>					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

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

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RAINFOREST TRUST

**Employer identification number** 13-3500609

Par	t I Organizations Maintaining Donor Advised Fur	nds or Other Si	milar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			•
		(a) Donor advised	d 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 hel	d in donor advised fund	ds
	are the organization's property, subject to the organization's exclus	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	s in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Par			on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (che		1	
	Preservation of land for public use (for example, recreation or	education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after 7/			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released,	extinguisned, or te	erminated by the organ	ization during the tax
4	year ▶ Number of states where property subject to conservation easement	t in located		
4 5			on handling of	
3	Does the organization have a written policy regarding the periodic n violations, and enforcement of the conservation easements it holds	_		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		d enforcing conservation	
Ū	b	ng or violations, an	a critorolling cortoci valid	on casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enf	orcing conservation ea	sements during the year
-	<b>▶</b> \$	moranorio, arra orri	o. og	comemo damig uno you
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements	s of section 170(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation eas			
	balance sheet, and include, if applicable, the text of the footnote to	the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art,	Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public ext	nibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial st	atements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re-	eport in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhib	ition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treasures	, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 95	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.		Schedule D (Form 990) 2019

	t III Organizations Maintaining C	Collections of Ar	t. Histo	orical Tre	asures, o	r Othe	r Simila		(contin		age Z
	Using the organization's acquisition, accessi								COITUIT	ueu)	
•	collection items (check all that apply):	,	o, ooo	u, c							
а	Public exhibition	d		l oan or exc	hange progra	am					
b	Scholarly research	e			go progra						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	ne organizatio	n's exe	mpt purpo	se in Part	XIII		
5	During the year, did the organization solicit of							oo iii i ai i	,		
•	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			o. gaa				-, · · · · · · · · · · ·	5, 5.		
	Is the organization an agent, trustee, custod	ian or other intermed	iarv for c	contribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
					Amount						
С	Beginning balance						1c				
	Additions during the year										
e	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIII.						•		_		Ī
	t V Endowment Funds. Complete										
	<u>'</u>	(a) Current year		rior year	(c) Two year			years back	(e) Four	vears	back
1a	Beginning of year balance		, ,	•			,		,		
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1d	ı. column (a	)) held as:						
а	Board designated or quasi-endowment	, ,	%	,, (-,	,,						
b	Permanent endowment	%									
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	•	tion that	t are held ar	nd administer	ed for th	ne organiz	ation			
	by:	· ·					· ·		Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI   Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	Accumulat	ed	(d) Book	c value	<u>——</u>
		basis (investr	nent)	basis	(other)	de	preciation	1			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			21	5,495.		103,8	74.	111	L, 6:	21.
е	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	Oc.)			<b>•</b>	111	. 6	21.

<u>1</u>	(a) Description of liability	(b) Book value			
(1)	Federal income taxes				
(2)	LEASE LIABILITY FOR OPERATING				
(3)	LEASE	335,738.			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total	(Caluman (h) must a qual Farma 000, Part V, and (D) line 25.)	335 738.			

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

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a			04 060 500
1					1	24,069,728.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	406 000		
а		nrealized gains (losses) on investments		186,009.		
b		ed services and use of facilities		1,085.		
С		reries of prior year grants				
d		(Describe in Part XIII.)	2d			105 004
е		nes <b>2a</b> through <b>2d</b>			2e	187,094.
3		act line 2e from line 1			3	23,882,634.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
		nes <b>4a</b> and <b>4b</b>			4c	0.
5 <b>D</b> o	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem	onto With	Evnances per B	5	23,882,634.
Pa	IL AII			expenses per n	etur	11-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				20 550 520
1		expenses and losses per audited financial statements			1	20,550,538.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	1 005		
а		ed services and use of facilities	I I	1,085.		
b		vear adjustments				
С		losses				
d		(Describe in Part XIII.)	•			1 005
		nes 2a through 2d			2e	1,085. 20,549,453.
3		act line <b>2e</b> from line <b>1</b>			3	20,549,453.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
		nes 4a and 4b			4c	20,549,453.
Pai	rt XIII	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Supplemental Information.			5	20,349,433.
		••	L IV / 1: 1 ls .	and Oh. Dart V. line 4	. D4	V line O. Dart VI
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part A	x, line 2; Part XI,
ines	zu and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	altional inform	iation.		
DΔI	סיידי ע	, LINE 2:				
LAI	<u>\                                    </u>	, DINE 2.				
тнт	Z OR	GANIZATION IS EXEMPT FROM FEDERAL AND	TOCAT, T	NCOME TAXE	S III	NDER
	<u> </u>	OMIDATION ID DADRIT TROM TEDERAL AND	HOCKH I	HAMI THAIL	0.	Ирпи
SEC	סדידי	N 501(C)(3) OF THE INTERNAL REVENUE CO	DE AND	A STMTLAR	PRO'	VISTON OF
		N 301(0)(3) Of THE INTERNET REVENUE CO.	<u> </u>			VIDION OI
STZ	ΛTE	LAW. THE ORGANIZATION IS NOT CLASSIFIE	DASA	PRIVATE FO	UND	ATTON.
					0110.	

# SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### Statement of Activities Outside the United States

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

► Attach to Form 990.

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

Inspection

Name of the organization

**Employer identification number** 

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

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

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

United States.	inde in Fait V the	e organization s	procedures for monitoring the use of its	s grants and other assistance out	side tile
3 Activities per Region. (Ti	he following Part (b) Number of offices in the region		(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	1,120,561.
EAST ASIA AND THE	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	2,688,216.
EUROPE	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	125,912.
SOUTH AMERICA	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	3,556,269
SOUTH ASIA	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	1,136,075.
SUB-SAHARAN AFRICA	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	1,743,105.
NORTH AMERICA	0	0	CONSERVATION PROGRAM SERVICES	FINANCIAL SUPPORT FOR PROGRAM EXPENSES TO LOCAL PARTNERS	591,968.
3 a Subtotalb Total from continuation	0	0			10,962,106.
sheets to Part I c Totals (add lines 3a and 3b)	0	0			10,962,106.

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	1134140.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	997,711.	WIRE	0.		DISBURSED
		CENTRAL AMERICA &						ACTUAL AMOUNT
		THE CARRIBEAN	PROGRAM SUPPORT	846,661.	WIRE	0.		DISBURSED
				,				
		EAST ASIA & THE PACIFIC		ECE 001				ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	765,201.	MIKE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	627,627.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	562,598.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	442,853.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	381,310.	WIRE	0.		DISBURSED

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

	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3	Enter total number of other organizations or entities	

chedule F (Form 990)	RAINF	OREST TRUST			13-35	00609		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	241,406.	WIDE	0.		ACTUAL AMOUNT DISBURSED
		AFRICA	rodkar borroki	241,400.	WIKE	•••		DISBORSED
		SOUTH AMERICA	PROGRAM SUPPORT	195,741.	WTRE	0.		ACTUAL AMOUNT DISBURSED
				230,712.				
		EAST ASIA & THE	DDOGDAM GWDDODG	104 012				ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	194,913.	WIRE	0.		DISBURSED
		CENTRAL AMERICA &						ACTUAL AMOUNT
		THE CARRIBEAN	PROGRAM SUPPORT	193,263.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	189,986.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	176,425.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	175,417.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	168,908.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	168,456.	WIRE	0.		DISBURSED

Schedule F (Form 990)	RAINF	OREST TRUST			13-35	00609		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	158,003.	WIRE	0.		ACTUAL AMOUNT
		EAST ASIA & THE	PROGRAM SUPPORT	155,200.	WIRE	0.		ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	153,314.	WIRE	0.		ACTUAL AMOUNT
		EAST ASIA & THE	PROGRAM SUPPORT	139,757.	WIRE	0.		ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	138,726.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	130,944.	WIRE	0.		ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	118,922.	WIRE	0.		ACTUAL AMOUNT
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	107,090.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	98,287.	WIRE	0.		ACTUAL AMOUNT

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ACTIVITY MOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	89,801.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	88,965.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	88,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
				,				
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	83,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA & THE CARRIBEAN	PROGRAM SUPPORT	80,637.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	80,301.	WIRE	0.		DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	80,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	80,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
			PROGRAM SUPPORT	73,563.	WIRE	0.		DISBURSED

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <u>z</u>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	71,903.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	67,363.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	65,057.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	63,609.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	61,538.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	60,970.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	56,306.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	52,148.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	51,297.	WIRE	0.		DISBURSED

Part II Continuation o	f Grants and Other	Assistance to Organiza	ntions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	51,074.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	50,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	50,000.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	49,072.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	47,349.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	45,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	42,097.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	42,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	41,284.	WIRE	0.		DISBURSED

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAM SUPPORT	35,912.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	30,311.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EUROPE	PROGRAM SUPPORT	30,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE	0.		DISBURSED
		NORTH AMERICA	PROGRAM SUPPORT	28,474.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	28,000.	WIDE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	28,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	24,800.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	24,000.		0.		ACTUAL AMOUNT

Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	22,989.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	22,984.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	20,569.	WIRE	0.		DISBURSED
		EAST ASIA & THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	20,548.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	17,053.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	16,709.	WIRE	0.		DISBURSED
		SOUTH AMERICA	DDOGDAM GUDDODE	15 544	MIDE			ACTUAL AMOUNT DISBURSED
		BOUIT AMERICA	PROGRAM SUPPORT	15,544.	MIKE	0.		DISDOKSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	15,392.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		<u> </u>	I ROGIUM BOITORI	15,552.		J .		DIBBORBED
								A COURTED TO A CONTRACT OF THE
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	15,044.	 WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	13,043.	WIRE	0.		DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EUROPE	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	9,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA & THE PACIFIC	PROGRAM SUPPORT	8,930.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	7,979.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	7,410.	WIRE	0.		ACTUAL AMOUNT DISBURSED

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

Schedule F (Form 990) 2019	RAINFOREST TR	UST		1	3-3500609		Page 3
Part III Grants and Other Assistan	ce to Individuals Outside	the United Sta	tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	additional space is needed				_		_
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

### Part V | Supplemental Information

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

#### PART I, LINE 2:

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

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

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

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RAINFORES	T TRUST						Employer identification number $13-3500609$
Part I General Information on Grants a							13 33 33 33 33
<ol> <li>Does the organization maintain records to criteria used to award the grants or assisted.</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?						
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	-			. •		,	, , , , , , , , ,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HAITI NATIONAL TRUST INC. 8365 SW 112TH STREET							
MIAMI, FL 33156	82-0939752	501(C)(3)	46,000.	0.			PROGRAM SUPPORT
PARA LA NATURALEZA PO BOX 9023978 SAN JUAN, PR 00902	66-0801404	501(C)(3)	259,993.	0.			PROGRAM SUPPORT
WOLF CREEK OPERATING FOUNDATION 100 FOUR FALLS CORP CENTER WEST CONSHOHOCKEN, PA 19428	82-4863614	501(C)(3)	4,000,000.	0.			PROGRAM SUPPORT
ZOO OUTREACH ORGANIZATION TRUST PO BOX 1511 HIGH SPRINGS, FL 32655	20-1500502	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MARINE ROBOTICS & REMOTE SENSING LAB, DUKE UNIVERSITY MARINE LAB - 135 DUKE MARINE LAB ROAD -		501(6)(3)	,				
BEAUFORT, NC 28516  WOODLAND PARK ZOOLOGICAL SOCIETY 5500 PHINNEY AVENUE SEATTLE, WA 98103	56-0532129 91-6070005	501(C)(3)	19,468. 20,475.	0.			PROGRAM SUPPORT PROGRAM SUPPORT
<ul> <li>Enter total number of section 501(c)(3) at</li> <li>Enter total number of other organizations</li> </ul>	nd government or	ganizations listed in th	e line 1 table		I		6.

 $\label{eq:LHA} \mbox{ \ \ } \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE TURTLE CONSERVANCY - US										
PO BOX 1289										
OJAI, CA 93024	20-2899240	501(C)(3)	20,000.	0.			PROGRAM SUPPORT			
-										
	•			•	•	•	0 - 1 1 - 1 - 1 / 5 200)			

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

Schedule I (Form 990) RAINFOREST TRUST 13-3500009 Page 2
Part IV Supplemental Information
DIRECTORS.
ONCE THE PROJECT IS APPROVED, WE WORK CLOSELY WITH PARTNERS TO MAKE SURE
THE PROJECT IS IMPLEMENTED EFFECTIVELY. THE PROJECT OFFICER CHECKS IN WITH
EACH PARTNER AT LEAST MONTHLY TO CHECK ON PROGRESS AND OFFER ADVICE ON
OVERCOMING ANY CHALLENGES. PAYMENTS ARE DISBURSED QUARTERLY, CONTINGENT ON
SATISFACTORY TECHNICAL PROGRESS AND FINANCIAL REPORTS. PROGRESS REPORTS
MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARDS THE CREATION OF A
NEW PROTECTED AREA AT A SATISFACTORY PACE. FINANCIAL REPORTS MUST SHOW
FUNDS ARE BEING SPENT AS THE ORIGINAL APPROVED BUDGET SPECIFIED. IF THE
PROJECT IS NOT PROGRESSING AS IT SHOULD, NO NEW PAYMENTS ARE SENT. ON
LONGER TERM PROJECTS A RFT CONSERVATION OFFICER WILL VISIT THE SITE TO
VERIFY AND/OR TROUBLESHOOT PROJECT STATUS. ANY PROJECTS THAT INCLUDE A LAND
PURCHASE ARE REQUIRED TO PROVIDE A COPY OF THE LAND TITLE. LASTLY, OUR
GEOGRAPHIC INFORMATION SYSTEMS SPECIALIST USES SATELLITE DATA TO MONITOR
DEFORESTATION IN OUR PROJECT SITES.

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**Open To Public

Open To Public Inspection

Name of the organization

do to www.ii.s.gov/i orinioso for inistructions and the latest information

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

RAINFOREST TRUST

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

Employer identification number 13-3500609

	Complete if the	organizatior	n answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 25a o	r 25b,	or Form 9	990-EZ, P	art V, li	ne 40l	٥.				
1	a) Name of disqualified p	oroon	(b) F	Relationship bety			fied	(0)	Descripti	on of tran	naatia	_		(d)	Corre	cted?	
	a) Name of disquaimed p	Derson		person and or	ganiza	ation		(0)	Descripti	On or trai	isactio	-		Ye	s	No	
														+-	_		
														_	_		
							-							+	_		
														+	+		
												<b>&gt;</b> \$					
3	Enter the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the org	anization					<b>&gt;</b> \$					
Pa	t II Loans to and	d/or Fron	n Inte	erested Pers	ons.												
	Complete if the	organizatior	n answ	vered "Yes" on F	orm 9	90-EZ,	Part V, line 38a	a or Fo	orm 990, F	Part IV, lin	e 26; c	r if the	e orgai	nizatio	n		
	reported an amo	unt on Forr	n 990		<del></del>												
		(b) Relatio with organi			fron	an to or n the zation?	(e) Original principal amount		(f) Balance due		(g) defa	In ult?	(h) Approved by board or committee? (i)		(i) W agree	Written reement?	
					То	From					Yes	No	Yes	No	Yes	No	
								_									
		+															
		+						-									
						$\vdash$		$\dashv$									
								-									
								$\overline{}$									
Γota							<b>)</b>	<b>\$</b>									
Pa	t III Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.										
	Complete if the	organizatior	n answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 27.										
	(a) Name of interested	person		(b) Relationship interested pers the organiza	on an		(c) Amour assistand			(d) Type assistan				) Purpo assista			
			4														
			+														
			$\bot$									_					
			- 1														
			_									-					
												+					

Schedule L (Form 990 or 990-EZ) 2019

	I "Yes" on Form 990, Part IV, line 28a, 28		(d) Description of	(e) Sha	aring o
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganiz reven	zation' nues?
SARA SALAMAN	FAMILY MEMBER OF FO	53 361	SALARY PAID	Yes	No X
SARA SALAMAN MALISSA CADWALLADER CONSUL			CONSULTING	OAID ING ING INS:	X
		21/0200			
Part V Supplemental Information.  Provide additional information for resp	onses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	ED PERSONS:		
(A) NAME OF PERSON: SARA S	ALAMAN				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
FAMILY MEMBER OF FORMER CE	80				
(D) DESCRIPTION OF TRANSAC	TION: SALARY PAID FO	R THE LATIN	N AMERICA		
CONSERVATION DIRECTOR					
(A) NAME OF PERSON: MALISS	A CADWALLADER CONSUL	TTNC			
	NTERESTED PERSON AND		ON:		
MALISSA CADWALLADER IS AN				coo	
(D) DESCRIPTION OF TRANSAC			-		

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

Employer identification number RAINFOREST TRUST 13-3500609

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	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	16,257	537,111.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ( OTHER GOODS )	X	4	1,712.	COMPARABLE	<u>SALES</u>	
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz			1 1			
	for which the organization completed Form 828	3, Part IV, [	Donee Acknowledg	gement <b>29</b>			
						Ye	s No
30a	During the year, did the organization receive by		• • • • •				
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?					30a	<u> </u>
	If "Yes," describe the arrangement in Part II.					31	
31							<u> </u>
32a	Does the organization hire or use third parties of		•				1,7
_						32a	<u> </u>
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	tor which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

932142 09-27-19

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

orm 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.

Inspection

Internal Revenue Service

Name of the organization

FORM 990, PART

RAINFOREST TRUST

III,

Employer identification number 13-3500609

OMB No. 1545-0047

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

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

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

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

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

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

AREAS (KBAS) AND THE PROTECTED AREAS.

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

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

AREA IN THE PHILIPPINES.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 13-3500609 RAINFOREST TRUST FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ICFC & DOCUMENTARY EXPENSES \$ 16,914. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD REVIEWS THE FORM 990 AND RECEIVES COMMENTS BEFORE THE FORM IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD IS ASKED REGULARLY TO DISCLOSE TO THE OTHERS ON THE BOARD THEIR BUSINESS AND PERSONAL INTEREST TO DETERMINE IF THERE ARE ANY CONFLICTS. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION PROCESS FOR THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES IS DETERMINED BY NON- PROFIT COORDINATING AGENCIES. THE PAY RANGE IS SET BY COMPENSATION RATES FOR COMPARABLE POSITIONS FOR NON-PROFIT ORGANIZATIONS IN THE REGION OF HIRE, OTHER FACTORS CONSIDERED INCLUDE TRAINING EXPERIENCE, PAST PERFORMANCE AND PERFORMANCE EVALUATIONS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,CA,CO,CT,DC,FL,IL,MD,MA,MN,NH,NJ,NY,NC,OH,OR,PA,SC,TX,VA,WA,WI FORM 990, PART VI, SECTION C, LINE 18:

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

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

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

# TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500** 

#### FOR THE YEAR ENDING

**DECEMBER 31, 2019** 

#### PREPARED FOR:

RAINFOREST TRUST 7078 AIRLIE ROAD WARRENTON, VA 20187

#### PREPARED BY:

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

#### **AMOUNT OF TAX:**

BALANCE DUE OF \$1,525

#### MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

#### MAIL TAX RETURN TO:

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

#### RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

#### **SPECIAL INSTRUCTIONS:**

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

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

# **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2019

Open to Public Inspection

1.General Information								
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2019 and Ending (mm/dd/yyyy) 12/31/2019								
Check if Applicable:  Address Change	ck if Applicable: Name of Organization: Employer Identification Number (I							
Name Change Initial Filing	Name Change Mailing Address:					NY Registration Number: 04-33-85		
Final Filing  Amended Filing	City / State		ZIP:			5-4930		
Reg ID Pending Website: WWW RAINFORES					Email:	Email: LIZ.HOWARD@RAINFORE		
Check your organization's  Confirm your Registration Category in the								
registration category:			Offiny [22] DOAL (77		Charities Registry a	t www.CharitiesNYS.com.		
2. Certification								
	ication requi	rements. Imprope	r certification is a violation	on of law that may be subj	ect to penalties. The	certification requires		
two signatories.								
				ng all attachments, and to				
they ar	e true, corre	ct and complete ir	accordance with the la	ws of the State of New Yor	• •	•		
President or Authorized	Officer				S C. DEUTSC	H		
President or Authorized	Officer:	0:		CEO	Lance and Talls	Data		
		Signature		Print N	ame and Title	Date		
Chief Financial Officer or	Troocuror							
Grilei Financiai Officer of	rreasurer.	Signature		Print N	ame and Title	 Date		
		Signature		FILL	arrie ariu Title	Date		
3. Annual Reporting	Exempti	on						
Check the exemption(s) to	hat apply to	your filing. If your	organization is claiming	an exemption under one of	ategory (7A or EPTL	only filers) or both		
				, and 3, and submit the ce				
				DUAL filer that claims only				
schedules and attachmer	•	•	•	•	. ,,	• • •		
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.								
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time								
during the fiscal year.								
4. Schedules and Attachments								
	ttaomici							
See the following page  for a chaptelist of Year X No. 4a Did your organization use a prefereigned fund release fund relea								
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer								
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.								
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7Δ filis	ng fee:	EPTL filing fee:	Total fee:				
next page to calculate yo	1	ig 100.	Li i'L iiiiig iee.	Total log.	Make a single	check or money order		
payable to:								
are submitting here:	\$	25.	\$ <u>1,500.</u>	\$ <u>1,525.</u>	<u>"Depai</u>	tment of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

The Exempt Gategory releas to an organization a WTO registration status. It does not refer to its mortal accognition.

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# **CHAR500**

Annual Filing Checklist

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

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

### **Checklist of Schedules and Attachments**

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

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

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

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