

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ 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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RAINFOREST TRUST		D Employer identification number 13-3500609
	Doing business as		E Telephone number 800-456-4930
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	7200 LINEWEAVER RD, SUITE 100		G Gross receipts \$ 31,268,048.
	City or town, state or province, country, and ZIP or foreign postal code WARRENTON, VA 20187		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DR. JAMES C. DEUTSCH SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.RAINFORESTTRUST.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1989	M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED RAINFORESTS AND ENDANGERED WILDLIFE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 22,905,224.	Current Year 26,677,229.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	977,410.	833,737.
	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)	23,882,634.	27,510,966.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,337,941.	26,357,643.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,259,190.	3,062,890.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,391,724.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,952,322.	1,092,737.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,549,453.	30,513,270.
19 Revenue less expenses. Subtract line 18 from line 12	3,333,181.	-3,002,304.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 63,511,521.	End of Year 60,678,998.
	21 Total liabilities (Part X, line 26)	574,869.	310,731.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,936,652.	60,368,267.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	DR. JAMES C. DEUTSCH, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ROHINI CHANDRABHATLA	Preparer's signature ROHINI CHANDRABHATLA	Date	Check if self-employed <input type="checkbox"/> PTIN P00740442
	Firm's name ▶ SIKICH LLP	Firm's EIN ▶ 36-3168081	Phone no. (703) 836-1350	
	Firm's address ▶ 1199 N. FAIRFAX STREET 10TH FLOOR ALEXANDRIA, VA 22314			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 28,228,198. including grants of \$ 25,809,326.) (Revenue \$) PROTECTED AREA CREATION: THE LAND PURCHASE AND PROTECTED AREA CREATION PROGRAM FOCUSES ON THE PROTECTION OF THE LANDS CRITICAL FOR (A) BIODIVERSITY CONSERVATION, (B) INDIGENOUS AND LOCAL COMMUNITIES, AND (C) THE WELLBEING OF OUR PLANET BY PROTECTING SITES CRITICAL FOR REDUCING THE IMPACTS OF CLIMATE CHANGE. BY SUPPORTING LOCAL PARTNERS, RAINFOREST TRUST ENABLES THE PROTECTION OF THESE AREAS THROUGH METHODS INCLUDING SUPPORTING INDIGENOUS AND LOCAL COMMUNITIES TO GAIN LEGAL RIGHTS OVER THEIR LANDS, DESIGNATIONS OF GOVERNMENT NEW PROTECTED AREAS AND LAND PURCHASES TO ESTABLISH PRIVATE PROTECTED AREAS. RAINFOREST TRUST PROVIDES TECHNICAL GUIDANCE DURING THE IDENTIFICATION, ESTABLISHMENT, AND MANAGEMENT OF NEW PROTECTED AREAS. PROGRAM EXPENSE COSTS INCLUDE FULL IMPLEMENTATION OF FREE, PRIOR AND INFORMED

4b (Code:) (Expenses \$ 246,094. including grants of \$ 225,006.) (Revenue \$) ONGOING PROTECTED AREA SUPPORT AND CAPACITY BUILDING: THE ONGOING PROTECTED AREA SUPPORT PROGRAM PROVIDES FUNDING FOR THE LONG TERM PROTECTION OF PAS ESTABLISHED, OR IN THE PROCESS OF BEING ESTABLISHED, BY RAINFOREST TRUST FUNDING. FUNDING COVERS EXPENSES INCLUDING BUT NOT LIMITED TO: INSTITUTIONAL AND INDIVIDUAL CAPACITY BUILDING, COMMUNITY SUPPORT, INFRASTRUCTURE IMPROVEMENTS (INCLUDING RANGER STATIONS, FENCING, TRAILS), REFORESTATION, MANAGEMENT PLANS, AND EQUIPMENT FOR RANGERS AND OTHER STAFF INVOLVED IN PA MANAGEMENT. DURING 2020, WE AWARDED 14 GRANTS TO PARTNER ORGANIZATIONS TOWARDS THESE EFFORTS. FULL REPORTING ON OUR PROGRAMMATIC ACCOMPLISHMENTS DURING 2020 CAN BE FOUND IN OUR ANNUAL REPORT ON OUR WEBSITE WWW.RAINFORESTTRUST.ORG.

4c (Code:) (Expenses \$ 353,612. including grants of \$ 323,311.) (Revenue \$) FEASIBILITY STUDIES & RAPID RESPONSE SUPPORT: THE FEASIBILITY STUDIES PROGRAM PROVIDES FUNDING TO SUPPORT THE DEVELOPMENT OF A LAND PURCHASE AND PROTECTED AREA CREATION PROJECT, AND THE RAPID RESPONSE PROGRAM PROVIDES SUPPORT TO ADDRESS AN IMMEDIATE THREAT FROM THE RESULT OF A SHORT TERM BUT SIGNIFICANT CHALLENGE, FOR EXAMPLE THE COVID PANDEMIC. THIS INCLUDES (A) TARGETED SEARCHES FOR ENDANGERED SPECIES TO DETERMINE WHICH AREAS 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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 28,827,904.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included on line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, CA, CO, CT, DC, FL, IL, MD, MA, MN, NH, NJ
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 800-456-4930 7200 LINEWEAVER RD, SUITE 100, WARRENTON, VA 20187

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES DEUTSCH CHIEF EXECUTIVE OFFICER	40.00			X			172,708.	0.	11,004.	
(2) MARK GRUIN VICE PRESIDENT OF STRATEGIC INITIATI	40.00				X		151,974.	0.	5,349.	
(3) ANGELA YANG CHIEF CONSERVATION OFFICER (UNTIL JU	40.00					X	116,766.	0.	6,626.	
(4) LESLIE VANSANT CHIEF PHILANTHROPY OFFICER	40.00					X	103,810.	0.	11,987.	
(5) BETH BUSH DIRECTOR OF PHILANTHROPY	40.00					X	100,453.	0.	650.	
(6) ERIC VEACH CHAIRMAN	2.00	X		X			0.	0.	0.	
(7) EDITH MCBEAN VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(8) JOHN MITCHELL CHAIR EMERITUS	2.00	X		X			0.	0.	0.	
(9) SALLY F. DAVIDSON TREASURER	2.00	X		X			0.	0.	0.	
(10) DR. WILLIAM WYATT THOMAS SECRETARY	2.00	X		X			0.	0.	0.	
(11) ROBERT GILES BOARD MEMBER	2.00	X					0.	0.	0.	
(12) JEFFREY ZACK BOARD MEMBER	2.00	X					0.	0.	0.	
(13) DR. THOMAS LOVEJOY BOARD MEMBER	2.00	X					0.	0.	0.	
(14) PATRICIA A. KOVAL BOARD MEMBER	2.00	X					0.	0.	0.	
(15) GEOFFREY CHAN BOARD MEMBER	2.00	X					0.	0.	0.	
(16) ERIC GOODE BOARD MEMBER	2.00	X					0.	0.	0.	
(17) DR. E.O. WILSON BOARD MEMBER	2.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIM STEWART BOARD MEMBER	2.00	X						0.	0.	0.
(19) ANN KAUPP BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								645,711.	0.	35,616.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								645,711.	0.	35,616.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	505,438.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,171,791.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,547,775.			
	h	Total. Add lines 1a-1f		26,677,229.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		790,409.		790,409.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				3,800,410.			
	7 b	Less: cost or other basis and sales expenses		3,757,082.			
	7 c	Gain or (loss)		43,328.			
d	Net gain or (loss)		43,328.		43,328.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		27,510,966.	0.	0.	833,737.	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	21,828.	21,828.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000.	12,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	26,323,815.	26,323,815.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,713.	91,857.	45,928.	45,928.
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	2,450,671.	1,580,337.	136,808.	733,526.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,474.	32,768.	2,523.	15,183.
9 Other employee benefits	179,139.	114,599.	11,234.	53,306.
10 Payroll taxes	198,893.	126,361.	13,646.	58,886.
11 Fees for services (nonemployees):				
a Management				
b Legal	40,271.	13,688.	20,134.	6,449.
c Accounting				
d Lobbying				
e 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.)	235,411.	182,567.	20,856.	31,988.
12 Advertising and promotion	225,992.	218.	73.	225,701.
13 Office expenses	90,716.	22,622.	23,860.	44,234.
14 Information technology	108,212.	36,622.	2,556.	69,034.
15 Royalties				
16 Occupancy	217,290.	139,362.	14,661.	63,267.
17 Travel	31,682.	26,583.	11.	5,088.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	35,299.	33,712.	259.	1,328.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,042.	49,651.	393.	1,998.
23 Insurance	9,688.	6,155.	665.	2,868.
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 O.)				
a PRINTING AND PUBLICATIO	46,134.	13,159.	35.	32,940.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	30,513,270.	28,827,904.	293,642.	1,391,724.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,163,174.	1	5,364,807.
	2 Savings and temporary cash investments	51,097,393.	2	49,019,801.
	3 Pledges and grants receivable, net	6,140,621.	3	4,006,722.
	4 Accounts receivable, net	11,260.	4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	49,021.	7	5,513.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	65,598.	9	73,815.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 154,600.		
	b Less: accumulated depreciation	10b 92,650.	10c	61,950.
	11 Investments - publicly traded securities	1,537,095.	11	2,035,735.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	335,738.	15	110,655.
16 Total assets. Add lines 1 through 15 (must equal line 33)	63,511,521.	16	60,678,998.	
Liabilities	17 Accounts payable and accrued expenses	239,131.	17	156,468.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	335,738.	25	154,263.
	26 Total liabilities. Add lines 17 through 25	574,869.	26	310,731.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-2,806,330.	27	327,200.
	28 Net assets with donor restrictions	65,742,982.	28	60,041,067.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	62,936,652.	32	60,368,267.
33 Total liabilities and net assets/fund balances	63,511,521.	33	60,678,998.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,510,966.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,513,270.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,002,304.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,936,652.
5	Net unrealized gains (losses) on investments	5	433,919.
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	60,368,267.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15560380.	20967870.	47839752.	22905224.	26677229.	133950455
2 Tax revenues levied for the organization'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	15560380.	20967870.	47839752.	22905224.	26677229.	133950455
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)						55748305.
6 Public support. Subtract line 5 from line 4.						78202150.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	15560380.	20967870.	47839752.	22905224.	26677229.	133950455
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	148,780.	198,556.	441,544.	952,498.	790,409.	2531787.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,956.					6,956.
11 Total support. Add lines 7 through 10						136489198

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	57.30 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	49.72 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

RAINFOREST TRUST

Employer identification number

13-3500609

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization RAINFOREST TRUST	Employer identification number 13-3500609
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,800,487.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,274,841.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,701,880.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>1,015,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>853,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>820,214.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization RAINFOREST TRUST	Employer identification number 13-3500609
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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
3	STOCK _____ _____ _____	\$ <u>1,274,841.</u>	<u>11/09/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization RAINFOREST TRUST	Employer identification number 13-3500609
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2020

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,337,458.	1,077,109.			
b Contributions	35,406.	62,292.			
c Net investment earnings, gains, and losses	336,602.	198,057.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,709,466.	1,337,458.			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **▶ 71.0000 %**
 - b** Permanent endowment **▶ 29.0000 %**
 - c** Term endowment **▶ _____ %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		154,600.	92,650.	61,950.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,950.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY FOR OPERATING	
(3) LEASE	112,301.
(4) PPP LOAN PAYABLE	41,962.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	154,263.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	27,998,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	433,919.
b	Donated services and use of facilities	2b	53,924.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	487,843.
3	Subtract line 2e from line 1	3	27,510,966.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,510,966.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	30,567,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	53,924.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	53,924.
3	Subtract line 2e from line 1	3	30,513,270.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	30,513,270.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

RAINFOREST TRUST

Employer identification number

13-3500609

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors 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, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	CONSERVATION PROGRAM SERVICES	LAND CONSERVATION AND CONSERVATION PROGRAM MANAGEMENT	6,092,876.
SOUTH ASIA	0	0	CONSERVATION PROGRAM SERVICES	LAND CONSERVATION AND CONSERVATION PROGRAM MANAGEMENT	2,787,083.
SOUTH AMERICA	0	0	CONSERVATION PROGRAM SERVICES	LAND CONSERVATION AND CONSERVATION PROGRAM MANAGEMENT	6,945,189.
EUROPE	0	0	CONSERVATION PROGRAM SERVICES	LAND CONSERVATION AND CONSERVATION PROGRAM MANAGEMENT	18,821.
EAST ASIA & THE PACIFIC	0	0	CONSERVATION PROGRAM SERVICES	LAND CONSERVATION AND CONSERVATION PROGRAM MANAGEMENT	226,523.
CENTRAL AMERICA AND THE CARRIBEAN	0	0	CONSERVATION PROGRAM SERVICES	LAND CONSERVATION AND CONSERVATION PROGRAM MANAGEMENT	10,253,323.
3 a Subtotal	0	0			26,323,815.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			26,323,815.

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

Schedule F (Form 990) 2020

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)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,283.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	39,037.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	49,600.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	98,752.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	61,933.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,829.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	169,467.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	36,273.	WIRE	0.		ACTUAL AMOUNT DISBURSED

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **106**

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	111,595.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	105,566.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	189,236.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	3737000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,926.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	177,800.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	63,333.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	39,197.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,080.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	71,224.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	121,804.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	110,714.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	285,308.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	41,305.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	98,432.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	321,872.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	70,311.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	28,587.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	69,536.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	36,463.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	12,674.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	15,608.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	115,888.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	30,141.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH ASIA	PROGRAM SUPPORT	56,280.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	21,022.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	140,887.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	398,566.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	72,771.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	5,980.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	9,519.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	3,980.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	1,860.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH ASIA	PROGRAM SUPPORT	62,201.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	121,311.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	116,608.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	9,345.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	38,923.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	29,650.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	446,600.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	76,600.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	56,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH ASIA	PROGRAM SUPPORT	123,362.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	78,193.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	48,317.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	42,860.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	194,010.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	131,919.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	186,422.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	31,200.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	26,662.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	42,601.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	307,732.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	217,700.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	43,690.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	4,800.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	5,259.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	16,226.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	112,157.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	9,015.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	6,119.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	14,668.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	9000000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	415,494.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	17,500.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	1,321.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	46,895.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	42,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	52,203.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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 AND THE PACIFIC	PROGRAM SUPPORT	85,425.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	362,802.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	227,539.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	3,140.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	1413736.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	1,612.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	30,500.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	1159033.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH AMERICA	PROGRAM SUPPORT	107,653.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	120,636.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	776,083.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	19,529.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	253,070.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	40,062.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	246,014.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	111,149.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	198,258.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH AMERICA	PROGRAM SUPPORT	15,300.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	205,550.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	40,484.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	237,050.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	57,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	110,197.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	34,908.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	200,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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 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 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 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 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 No

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 2:

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

Part V Supplemental Information

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
PARA LA NATURALEZA PO BOX 9023978 SAN JUAN, PR 00902	66-0801404	501(C)(3)	11,049.	0.			PURCHASE AND PROTECTION OF PALM RAINFOREST, AND HELP PROTECT HABITAT AND SAVE AMPHIBIANS IN PUERTO
UNIVERSITY OF WISCONSIN-MADISON 500 LINCOLN DR MADISON, WI 53706	39-6006492		9,000.	0.			TRAINING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
GRANT	1	12,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: PARA LA NATURALEZA

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE AND PROTECTION OF PALM RAINFOREST, AND HELP PROTECT HABITAT AND SAVE AMPHIBIANS IN PUERTO RICO.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES DEUTSCH CHIEF EXECUTIVE OFFICER	(i)	172,708.	0.	0.	5,181.	5,823.	183,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK GRUIN VICE PRESIDENT OF STRATEGIC INITIATI	(i)	151,974.	0.	0.	4,559.	790.	157,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

ANGELA YANG \$45,038

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24,324	2,547,775.	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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Horizontal lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

RAINFOREST TRUST

Employer identification number

13-3500609

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

PROCEDURES, LAND PURCHASE AND LEASE, MEETINGS WITH LOCAL COMMUNITIES

AND GOVERNMENTS, DECLARATION COSTS, LEGAL REVIEW, DEMARCATION, AND

SALARIES FOR PARK RANGERS. DURING 2020, WE HELPED DECLARE, PURCHASE OR

EXPAND 31 NEW PROTECTED AREAS FOR A TOTAL OF 3,519,021.31 ACRES. THIS

BRINGS THE TOTAL ACRES SAVED SINCE OUR FOUNDING TO MORE THAN 34 MILLION

ACRES ACROSS 43 COUNTRIES. FULL REPORTING ON OUR PROGRAMMATIC

ACCOMPLISHMENTS DURING 2020 CAN BE FOUND IN OUR ANNUAL REPORT ON OUR

WEBSITE WWW.RAINFORESTTRUST.ORG.

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

THREATS ON CURRENT PROJECTS AND PROJECTS IN PROCESS FROM COVID. IN

2020, WE SUPPORTED 8 RAPID PROTECTED AREA FEASIBILITY AWARDS IN 7

COUNTRIES. MOST STUDIES ARE LEADING TO FULL PROPOSALS TO RAINFOREST

TRUST TO CREATE NEW PROTECTED AREAS. WE ALSO LAUNCHED A COVID

EMERGENCY CONSERVATION FUND TO ASSIST CURRENT PARTNERS AND PROJECTS

WHICH HAVE EITHER LOST INCOME OR INCURRED ADDITIONAL COSTS AS A RESULT

OF THE COVID-19 PANDEMIC. WE SUPPORTED 16 PARTNERS IN 12 COUNTRIES.

FULL REPORTING ON OUR PROGRAMMATIC ACCOMPLISHMENTS DURING 2020 CAN BE

FOUND IN OUR ANNUAL REPORT ON OUR WEBSITE WWW.RAINFORESTTRUST.ORG.

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:

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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

THE ORGANIZATION PUBLISHES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST, RECORDS & RETENTION, COMP POLICY.

FORM 990. PART XII, LINE 2C.

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.