Form	990
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** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

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

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Department of the Treasury Internal Revenue Service

<u>A</u>		and and a secondar year, or tax year beginning	enaing			
B	Check if applicabl	e: C Name of organization		D Employer identific	ation number	
	Addre chang	e RAINFOREST TRUST		13-35006		
	chang	e Doing business as	Doing business as			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number			
	Final return	7200 LINEWEAVER RD, SUITE 100	800-456-4930			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	31,268,048.	
	Amen return	WARRENION, VA 20187	H(a) Is this a group re	turn		
	Applic tion	F Name and address of principal officer: DK • UAMES C• DECISC	for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🗴 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions	
		te: WWW.RAINFORESTTRUST.ORG		H(c) Group exemption		
K	Form of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other 🕨	L Year	of formation: 1989 N	State of legal domicile: VA	
Pa	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{THE}}$	MISSIO	N OF RAINFOF	REST TRUST	
Governance		IS TO PROTECT THREATENED RAINFORESTS AND	ENDANG	ERED WILDLI	FE.	
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			14	
		Number of independent voting members of the governing body (Part VI, line 1b)		4	14	
ŝ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	42	
viti	6	Total number of volunteers (estimate if necessary)		6	14	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
Ð	8	Contributions and grants (Part VIII, line 1h)		22,905,224.	26,677,229.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		977,410.	833,737.	
ш	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.	
	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.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,259,190.	3,062,890.	
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)				
Ш	11	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.	
		Revenue less expenses. Subtract line 18 from line 12		3,333,181.	-3,002,304.	
ts or	-			ginning of Current Year	End of Year	
Assets	20	Total assets (Part X, line 16)		63,511,521.	60,678,998.	
it As	21	Total liabilities (Part X, line 26)		574,869.	310,731.	
E.S.		Net assets or fund balances. Subtract line 21 from line 20		62,936,652.	60,368,267.	
P	art 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		Signatu	ure of officer						Date		
Here		DR.	JAMES	с.	DEUTSCH,	CEO					
		Туре о	r print name ai	nd title							
	Prin	t/Type pr	reparer's name	9		Preparer's sig	gnature	Date	Check	PTIN	
Paid	ROI	HINI	CHANDE	RABH	IATLA	ROHINI	CHANDRABHAT	LA	self-employed	P00740442	
Preparer		n's name		-					Firm's EIN 🕨 36	5-3168081	
Use Only	Firm	n's addres	ss 🖌 1199	9 N.	. FAIRFAX	K STREET	10TH FLOOR				
									3) 836-1350		
May the I	RS di	scuss th	nis return wit	h the p	preparer shown a	above? See instr	uctions			X Yes No	
032001 12-2	3-20	May the IRS discuss this return with the preparer shown above? See instructions <u>X</u> Yes <u>No</u> D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)									

	990 (2020) RAINFOREST TRUST	13-3500609	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	THE MISSION OF RAINFOREST TRUST IS TO PROTECT THREATENED		
	AND ENDANGERED WILDLIFE THROUGH PURCHASE OF PRIVATE LANI	S, RESERVE	
	CREATION, COMMUNITY ENGAGEMENT AND INFORMATION DISSEMINA	TION 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	XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XN
•	If "Yes," describe these changes on Schedule O.		IN
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		iu -
4.0			
4a	(Code:) (Expenses \$ 28,228,198. including grants of \$ 25,809,326.) (Reve PROTECTED AREA CREATION: THE LAND PURCHASE AND PROTECTED		
	PROGRAM FOCUSES ON THE PROTECTION OF THE LANDS CRITICAL		
	BIODIVERSITY CONSERVATION, (B) INDIGENOUS AND LOCAL COMM		
	(C) THE WELLBEING OF OUR PLANET BY PROTECTING SITES CRIT		
	REDUCING THE IMPACTS OF CLIMATE CHANGE. BY SUPPORTING LC		-
	RAINFOREST TRUST ENABLES THE PROTECTION OF THESE AREAS T		DS
	INCLUDING SUPPORTING INDIGENOUS AND LOCAL COMMUNITIES TO		
	RIGHTS OVER THEIR LANDS, DESIGNATIONS OF GOVERNMENT NEW		EAS
	AND LAND PURCHASES TO ESTABLISH PRIVATE PROTECTED AREAS.		
	TRUST PROVIDES TECHNICAL GUIDANCE DURING THE IDENTIFICAT		
	ESTABLISHMENT, AND MANAGEMENT OF NEW PROTECTED AREAS. PF	OGRAM EXPENS	E
	COSTS INCLUDE FULL IMPLEMENTATION OF FREE, PRIOR AND INF	'ORMED	
4b	(Code:) (Expenses \$246,094. including grants of \$225,006.) (Reve	nue \$	
	ONGOING PROTECTED AREA SUPPORT AND CAPACITY BUILDING: TH	E ONGOING	
	PROTECTED AREA SUPPORT PROGRAM PROVIDES FUNDING FOR THE	LONG TERM	
	PROTECTION OF PAS ESTABLISHED, OR IN THE PROCESS OF BEIN	IG ESTABLISHE	D,
	BY RAINFOREST TRUST FUNDING. FUNDING COVERS EXPENSES INC	LUDING BUT N	ОТ
	LIMITED TO: INSTITUTIONAL AND INDIVIDUAL CAPACITY BUILDI	NG, COMMUNIT	Y
	SUPPORT, INFRASTRUCTURE IMPROVEMENTS (INCLUDING RANGER S	TATIONS,	
	FENCING, TRAILS), REFORESTATION, MANAGEMENT PLANS, AND H	QUIPMENT FOR	
	RANGERS AND OTHER STAFF INVOLVED IN PA MANAGEMENT. DURI	NG 2020, WE	
	AWARDED 14 GRANTS TO PARTNER ORGANIZATIONS TOWARDS THESE	EFFORTS. F	ULL
	REPORTING ON OUR PROGRAMMATIC ACCOMPLISHMENTS DURING 202	0 CAN BE FOU	ND
	IN OUR ANNUAL REPORT ON OUR WEBSITE WWW.RAINFORESTTRUST.		
4c	(Code:) (Expenses \$ 353,612. including grants of \$ 323,311.) (Reve	nue \$	
10	FEASIBILITY STUDIES & RAPID RESPONSE SUPPORT: THE FEASIB		s
	PROGRAM PROVIDES FUNDING TO SUPPORT THE DEVELOPMENT OF A		
	AND PROTECTED AREA CREATION PROJECT, AND THE RAPID RESPO		
	PROVIDES SUPPORT TO ADDRESS AN IMMEDIATE THREAT FROM THE		
	SHORT TERM BUT SIGNIFICANT CHALLENGE, FOR EXAMPLE THE CO		
	THIS INCLUDES (A) TARGETED SEARCHES FOR ENDANGERED SPECI		
	WHICH AREAS WITHIN A REGION HOST SIGNIFICANT UNPROTECTED		
	KEY SPECIES; (B) MEETINGS WITH LOCAL PEOPLE AND GOVERNME		
		INVESTIGATIO	N
	OF LAND TENURE AND PROPERTY PRICES FOR KEY AREAS; (D) AS		
	ECOTOURISM AND OTHER MECHANISMS THAT SUSTAINABLY SUPPORT		
	PROTECTED RESERVES; AND (E) RAPID RESPONSE PROJECTS TO H	'IGHT IMMEDIA	TE
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$) (Revenue \$)	
		/	
	Total program service expenses ► 28,827,904.	,	
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 RAINFOREST
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
_	Schedule D, Parts XI and XII	12a	X	├───
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
α	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		14b	х	1
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		43	<u> </u>
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	L
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07		20		- 23
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable [1a] 6		103	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10		
000000		1c	990	(2020)
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	Form 990 (2020) RAINFOREST TRUST 13-3500609 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 13-3500609					
Fai						
•			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 42					
	, , , , , , , , , , , , , , , , , , , ,	a i	v			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>		
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)	•		v		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x		
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a				
a	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
50		5a		x		
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X		
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		<u> </u>		
Ua		6a		x		
h	any contributions that were not tax deductible as charitable contributions?	00		<u> </u>		
, D	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.5				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
•	to file Form 8282?	7c		x		
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c			77		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		├──		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		x		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16				
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

032005 12-23-20

	tion A. Governing Body and Management		—	V-	•
		4	_	Yes	1
та		븩			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	5	4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2	2		2
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	3	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		Ļ		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		;		
6	Did the organization have members or stockholders?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	F	-		-
<i>1</i> a		_			
	more members of the governing body?	72	<u>a</u>		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7t	<u> </u>		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	88	а	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	b	Х	
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	9			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	(This Section B requests mornation about policies not required by the internal Revenue Code.)			Yes	
10-	Did the exercited have lead charters brenches as affiliated	10		162	
	Did the organization have local chapters, branches, or affiliates?	10	a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a	X	
	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	12	'a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		b.	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
	in Schedule O how this was done	12	lc	Х	
13	Did the organization have a written whistleblower policy?		3	Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent		İ		
15					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization	15	b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
16a		16	ia		
16a	taxable entity during the year?				
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	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	16	b		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16	b		
b Sec	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? tion C. Disclosure			NH	N
b Sec 17	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed AK , CA , CO , CT , DC , FL , IL , MD , M	A, MI	N,		
b Sec	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AK, CA, CO, CT, DC, FL, IL, MD, M</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	A, MI	N,		
b Sec 17	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AK, CA, CO, CT, DC, FL, IL, MD, M Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply.	A, MI	N,		
b Sec 17	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AK, CA, CO, CT, DC, FL, IL, MD, M Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) 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)	A , M 3)s onl	N , (availa	
b Sec 17	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AK, CA, CO, CT, DC, FL, IL, MD, M Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply.	A , M 3)s onl	N , (availa	
b Sec 17 18	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►AK, CA, CO, CT, DC, FL, IL, MD, M Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) 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)	A , M 3)s onl	N , (availa	
b Sec 17 18	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AK, CA, CO, CT, DC, FL, IL, MD, M</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	A , M 3)s onl	N , (availa	
b Sec 17 18 19	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AK, CA, CO, CT, DC, FL, IL, MD, M</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.	A , M 3)s onl	N , (availa	
b Sec 17 18 19	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AK, CA, CO, CT, DC, FL, IL, MD, M Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION - 800-456-4930	A , M 3)s onl	N , (availa	
b Sec 17 18 19 20	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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>AK, CA, CO, CT, DC, FL, IL, MD, M</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ►	A , MI 3)s onl nd fina	N , ; Ily) a anci	availa	ble

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RAINFOREST TRUST

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 82.8h or 10h helow describe the circumstances processes or changes on Schedule O. See instructions

Dor	+ \/I	<u>_</u>	vernan
P di		1 7 ()	vernand

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
-	Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Comple	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 a	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.							

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES DEUTSCH	40.00				×	1 0	ц			
CHIEF EXECUTIVE OFFICER				x				172,708.	0.	11,004.
(2) MARK GRUIN	40.00									
VICE PRESIDENT OF STRATEGIC INITIATI					Х			151,974.	0.	5,349.
(3) ANGELA YANG	40.00									
CHIEF CONSERVATION OFFICER (UNTIL JU						X		116,766.	0.	6,626.
(4) LESLIE VANSANT	40.00									
CHIEF PHILANTHROPY OFFICER						x		103,810.	0.	11,987.
(5) BETH BUSH	40.00							400 450	•	650
DIRECTOR OF PHILANTHROPY						X		100,453.	0.	650.
(6) ERIC VEACH	2.00								•	•
CHAIRMAN		Х		X				0.	0.	0.
(7) EDITH MCBEAN	2.00								•	•
VICE CHAIRMAN	0.00	Х		X				0.	0.	0.
(8) JOHN MITCHELL	2.00								0	0
CHAIR EMERITUS	0.00	Х		X				0.	0.	0.
(9) SALLY F. DAVIDSON	2.00								0	0
TREASURER		Х		X				0.	0.	0.
(10) DR. WILLIAM WYATT THOMAS	2.00								•	•
SECRETARY		Х		Х				0.	0.	0.
(11) ROBERT GILES	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(12) JEFFREY ZACK	2.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(13) DR. THOMAS LOVEJOY	2.00								0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(14) PATRICIA A. KOVAL	2.00								0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) GEOFFREY CHAN	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(16) ERIC GOODE	2.00	37							•	<u>^</u>
BOARD MEMBER	2 00	Х						0.	0.	0.
(17) DR. E.O. WILSON	2.00	v						0.	•	•
BOARD MEMBER		Х						U•	0.	0 .

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Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson i:	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Est am	(F) imate ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(orga and	ensat om the nization relate nization	e on ed
(18) KIM STEWART	2.00												
BOARD MEMBER		Х						0.		0.			0.
(19) ANN KAUPP BOARD MEMBER	2.00	x						0.		ο.			0.
		-											
		-											
		-											
		-											
1b Subtotal								645,711.		0.	35	6,61	
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.		0. 0.	35	,61	0.
2 Total number of individuals (including but compensation from the organization							o re	eceived more than \$100,	000 of reportable				5
compensation non the organization												Yes	No
3 Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			-	•	-		Ŭ				3		x
 For any individual listed on line 1a, is the sand related organizations greater than \$15 	sum of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	ne organization		4	x	
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fr	om a	any	unre	late	ed organization or individ	lual for services				v
rendered to the organization? <i>If</i> "Yes," co Section B. Independent Contractors	mplete Schedule	e J fe	<u>or s</u> l	ich p	bers	on .					5		Х
1 Complete this table for your five highest of the organization. Report compensation for	•	•							•	ensat	ion fror	n	
(A)								(B)			(C)		
Name and busines	saddress	NC	ONE	5				Description of s	ervices		ompen	satior	1
2 Total number of independent contractors \$100,000 of compensation from the organ		ot lin	nitec	d to t	thos C		ted	above) who received mo	pre than				

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Ра	rt V	/111									
			Check if Schedule O	conta	ains a re	sponse	or note to any line	e in this Part VIII (A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s u	1	а	Federated campaigns		1	a					
ant			Membership dues								
ΩĔ			Fundraising events			_					
ifts.						_					
alia Dila			Government grants (conti				505,438.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,								
buti			similar amounts not included			f	26,171,791.				
Ĩ		g	Noncash contributions included in			g \$	2,547,775.				
ano		h	Total. Add lines 1a-1f				►	26,677,229.			
							Business Code				
ø	2	а									
, Zio		b									
Program Service Revenue		с									
am		d									
2 B B B B B B B B B B B B B B B B B B B		е									
Ţ,		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				►				
	3		Investment income (inclue	ding o	dividend	s, intere	est, and				
			other similar amounts) \dots				►	790,409.			790,409.
	4		Income from investment of	of tax	-exempt	bond p	roceeds 🕨 🕨				
	5		Royalties				►				
					(i) F	leal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss	s)			►				
	7	а	Gross amount from sales of		()	urities	(ii) Other				
			assets other than inventory	7a	3,80	0,410.					
		b	Less: cost or other basis								
anc			and sales expenses		3,75						
Revenue			Gain or (loss)			3,328.					
, Be			Net gain or (loss)				····· •	43,328.			43,328.
her	8	а	Gross income from fundraisi								
Öţ			including \$								
			contributions reported on		-						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from		-		>				
	9	а	Gross income from gamir	-							
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from	•	ũ.	ities	▶				
	10	а	Gross sales of inventory,			10					
		Ŀ.	and allowances								
			Less: cost of goods sold				· · · · · · · · · · · · · · · · · · ·				
		С	Net income or (loss) from	sales	s of Invel	itory	Business Code				
s		_					Business Code				
neo(11										
scellaneo Revenue		b									
Miscellaneous Revenue		с С	All other revenue								
Ξ			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instruction					27,510,966.	0.	0.	833,737.
	9 12-			0113			····· 🔽	,0,200,			Form 990 (2020)

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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												
	not include amounts reported on lines 6b, 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)		1 500 005	126.000									
7	Other salaries and wages	2,450,671.	1,580,337.	136,808.	733,526.								
8	Pension plan accruals and contributions (include			0 500	1 - 100								
_	section 401(k) and 403(b) employer contributions)	50,474. 179,139.	32,768. 114,599.	2,523.	<u> 15,183.</u> 53,306.								
9	Other employee benefits	198,893.	114,599.	11,234. 13,646.	53,306.								
10	Payroll taxes	190,093.	120,301.	13,040.	20,000.								
11	Fees for services (nonemployees):												
	Management	40,271.	13,688.	20,134.	6,449.								
		40,271.	15,000.	20,134.	0,449.								
С d	Accounting												
u	Lobbying Professional fundraising services. See Part IV, line 17												
f	Investment management fees												
' a	Other. (If line 11g amount exceeds 10% of line 25,												
9	column (A) amount, list line 11g expenses on Sch 0.)	235,411.	182,567.	20,856.	31,988.								
12	Advertising and promotion	225,992.	218.	73.	<u>31,988.</u> 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 \ldots												
19	Conferences, conventions, and meetings	35,299.	33,712.	259.	1,328.								
20	Interest												
21	Payments to affiliates				1 000								
22	Depreciation, depletion, and amortization	52,042.	<u>49,651.</u> 6,155.	<u> </u>	1,998.								
23		9,688.	0,100.	. 200	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)												
а	amount, list line 24e expenses on Schedule 0.) PRINTING AND PUBLICATIO	46,134.	13,159.	35.	32,940.								
a b			±0,±00•		52,5104								
c													
d													
	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 if following SOP 98-2 (ASC 958-720)				000								
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Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2020)

Part X Balance Sheet

(A) Beginning of year (B) End of year 4,163,174. 5,364,807. 1 1 Cash - non-interest-bearing 51,097,393. 49,019,801. 2 2 Savings and temporary cash investments 6,140,621. 4,006,722. Pledges and grants receivable, net 3 3 11,260. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 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 disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 49,021. 5,513. Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 65,598. 73,815. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 154,600. basis. Complete Part VI of Schedule D _____ 10a 92,650. 111,621. 61,950. b Less: accumulated depreciation _____ 10b 10c 1,537,095. 2,035,735. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 335,738. 110,655. Other assets. See Part IV, line 11 15 15 63,511,521. 60,678,998. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 239,131. 156,468. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 335,738. 154,263. of Schedule D 25 574,869. 310,731. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -2,806,330. Net assets without donor restrictions 27 327,200. 27 65,742,982. Net assets with donor restrictions 60,041,067. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 62,936,652. 60,368,267. Total net assets or fund balances 32 32 63,511,521. 60,678,998. 33 33 Total liabilities and net assets/fund balances

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Form 990 (2020)

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Form	990 (2020) RAINFOREST TRUST	13-35	00609	Page 1	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			🗌	
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	27,510 30,513 -3,002 62,936	3,270 2,304	• • •
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		60,368	2 267	
Pa	column (B)) rt XII Financial Statements and Reporting	10	00,300	5,207	•
	Check if Schedule O contains a response or note to any line in this Part XII			X	
		<u></u>		Yes No	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	:
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: Image: Image				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	-	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch		20		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	0	За	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			E arm	990 (202	ν Ω

Form **990** (2020)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2020	

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			oformation		Open to Public Inspection			
Nan	ne of	the organizati	-	de le trimelge			io iutoot ii		Employer	identification number			
		3		FOREST TRU	ST					3-3500609			
Pa	rt I	Reason			All organizations must c	omplete th	nis part.) S	ee instruction		0.000000			
The	organ				For lines 1 through 12, c								
1			•		on of churches described		,	1)(A)(i)					
2	H				Attach Schedule E (Forn			•,~,')•					
3	H				anization described in s			;;)					
4	H	•	•		njunction with a hospital			•	Viii) Enter	the hospital's name			
-		city, and stat	-		njunotion with a noopital	desenbed	Secue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		the noopital o name,			
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmentalı	nit describe	ed in			
5		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X		· -	-	ntial part of its support fi				ho gonoral r	ublic described in			
'	- 23	-		complete Part II.)	Intial part of its support if	on a yove	ennentai		ne general j				
8		-		-	(1)(A)(vi). (Complete Par	+ 11 \							
9	H				in section 170(b)(1)(A)(,	od in coniu	unction with a	land grant	collogo			
9		0	-		ulture (see instructions).				-	•			
		university:		grant conege of agric			name, eny	, and state of	the college	O			
10			ion that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns memberst	nin fees and	aross receipts from			
10					t to certain exceptions;								
					(less section 511 tax) fro					-			
				mplete Part III.)			sses acqui		yan izalion a				
11					ively to test for public sa	foty Soo	coction 5	00(a)(4)					
12	H	-	-	-		•			rn out the	nurnassa of ana ar			
12		-	-	-	ively for the benefit of, to	-			•				
				-	d in section 509(a)(1) of					FRECK THE DOX IN			
		-	-	• •	f supporting organizatior				-				
а				-	upervised, or controlled	• • • •	-		•••••				
			•		gularly appoint or elect a	i majority c	of the direc	ctors or truste	es of the su	ipporting			
		¬ -		complete Part IV, Se									
b				-	l or controlled in connect			-		-			
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	orted			
		¬ ~		t complete Part IV,									
С			-		g organization operated				lly integrate	d with,			
	. —		-). You must complete I								
Ċ			-		oorting organization oper				-				
			-		ation generally must sat	-		-	an attentiv	reness			
		- ·	•	,	nplete Part IV, Sections								
e			•		written determination fro			Type I, Type	II, Type III				
_					nally integrated supportion	ng organiz	ation.						
f		er the number	••	•									
<u> </u>		vide the follow (i) Name of supp	<u> </u>	n about the supporte (ii) EIN	d organization(s).	(iv) Is the ora	anization listed	(v) Amount c	fmonetany	(vi) Amount of other			
		organizatior			(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)			
		g	•		above (see instructions))	Yes	No						

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

2020.05000 RAINFOREST TRUST

Schedule A (Form 990 or 990-EZ) 2020 RAINFOREST TRUST

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

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

Sec	ction A. Public Support					-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 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 organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	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												
Cale	ndar 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 instructio	ons)			12						
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)						
	organization, check this box and sto	p here										
Sec	ction C. Computation of Publi	ic Support Per	centage									
14	Public support percentage for 2020 (I	line 6, column (f), d	livided by line 11, o	column (f))		14	57.30 %					
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	<u>49.72 %</u>					
	33 1/3% support test - 2020. If the					ore, check this bo	x and					
	stop here. The organization qualifies						N V					
b	33 1/3% support test - 2019. If the	organization did nc	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box					
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,					
	and if the organization meets the fact											
	meets the facts-and-circumstances te	est. The organizatic	on qualifies as a pu	blicly supported o	rganization							
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or					
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s t	top here. Explain i	n Part VI how the						
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	<u>a, 16b, 17a, or 1</u> 7b	o, check this box a	nd see instructions	s >					
					Sch	edule A (Form 990	or 990-EZ) 2020					

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 RAINFOREST TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf	L					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
~	the organization without charge						
	Total. Add lines 1 through 5						
78	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Sec	check this box and stop here						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019			·····		16	%
	Investment income percentage for 20			lino 13 column (f))		17	%
	Investment income percentage from a					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2019. If the	-	•				······································
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21			,			n 990 or 990-EZ) 2020
			16	5	50		,,

^{2020.05000} RAINFOREST TRUST

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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

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

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Schedule A (Form 990 or 990-EZ) 2020

17

				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in 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		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion 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</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

the supported organization(s). 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Ch	eck the box next to the	method that the orga	nization used to satisf	v the Integral Part Tes	st during the vear	(see instructions).
------	-------------------------	----------------------	-------------------------	-------------------------	--------------------	---------------------

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	each of its	supported	organizations.	Complete line 3	below.
---	--	------------------	------------------	-------------	-----------	----------------	-----------------	--------

с		The organization supported a gov	ernmental entity. Describe	in Part VI how you	u supported a governn	nental entity (see instructions	3).
---	--	----------------------------------	----------------------------	--------------------	-----------------------	---------------------------------	-----

18

- 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? 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.
- 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? *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.*
- **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? *If* "Yes" or "No" provide details in **Part VI.**

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

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Sche	dule A (Form 990 or 990 EZ) 2020 RAINFOREST TRUST			13-3500609 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

7

instructions).

Schedule A (Form 990 or 990 EZ) 2020 RAINFOREST TRUST

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on 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 (reason-			
	able cause required - explain in Part VI). 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: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	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, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
	Excess from 2020			
0				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 RAINFOREST TRUST

Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	ection E, lines 2, 5, and 6. Also complete this part for any additional information.	
032028 01-25-21	Schedule A (Form 990 or 990-EZ)	2020
01115 765826 3273265.300	21 2020.05000 RAINFOREST TRUST 327	732
ETTO 100010 0110100000		

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY *

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

Employer identification number

13-3500609

RAINFOREST	TRIICT	
KAINFUREST	TRUST	

organization type (oncon or	
Filers of:	Section:
Form 990 or 990-EZ	\fbox 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

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

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

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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

RAINFOREST TRUST

13-3500609

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 3,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 2,800,487. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 1,274,841. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 4 Person Payroll 2,000,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,701,880. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 1,015,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

13-3500609

RAINFOREST TRUST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>853,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$820,214.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of c	organization		Employ	er identification number
RAINF	OREST TRUST		13-	-3500609
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
	STOCK			
3		\$1,274,8	<u>41.</u>	11/09/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$	P.(Form ?)	00 000 EZ ~ 000 DE\/0000
023453 11-2	5-20	Schedule	⊳ (⊢orm 9	90, 990-EZ, or 990-PF) (2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page **4**

Name of ore	ganization				Employer identification number	
RAINFO	REST TRUST				13-3500609	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$1	a line entry. For o	rganizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	iption of how gift is held	
 		(e) Transfe	r of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tran	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Descr	iption of how gift is held	
-	Transferee's name, address, a	(e) Transfe nd ZIP + 4		elationship of tran	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Descr	iption of how gift is held	
	(e) Transfer c			of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Descr	iption of how gift is held	
-		(e) Transfe	r of gift			
	Transferee's name, address, a	nd ZIP + 4	R(elationship of tran	sferor to transferee	
023454 11-25-;	20			Schedule B	(Form 990, 990-EZ, or 990-PF) (2020	

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2020.05000 RAINFOREST TRUST

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Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

Nam	RAINFOREST TRUST		13-3500609
Par		ed Funds or Other Similar Funds or	
	organization answered "Yes" on Form 990, Part IV, li		
	5	(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		unds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	anization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva	ation easements during the year
-			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
•	► \$	1.0 extict the requirements of continue 1.70 /b/(4)	
8	Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	ion assemants in its revenue and evoques stat	
5	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pu	Iblic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB /	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		> \$

b	Assets	included	in	Form	990,	Ра

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Sche		EST TRUST					13-35			age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	easures, or	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sigr	nificant u	ise of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	m					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical trea	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organization	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributior	is or other ass	ets not ind	cluded		_		_
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo					?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds. Complete in									
	-	(a) Current year	(b) Prior year	(c) Two year	rs back (c	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	1,337,458.	1,077,109.							
b	Contributions	35,406.	62,292.							
С	Net investment earnings, gains, and losses	336,602.	198,057.	,						
d	Grants or scholarships									
е	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 curre			a)) held as:						
а	Board designated or quasi-endowment	71.0000	_%							
b	Permanent endowment ► <u>29.0000</u>	%								
с	·	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organization	tion that are held a	nd administer	ed for the	organiza	tion	Г		
	by:								Yes	<u>No</u>
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment funds.							
I ai			Dort IV/ line 11e (Dout V lin	10				
	Complete if the organization answered							(-I) D		
	Description of property	(a) Cost or ot basis (investm		t or other	• •	cumulate	d	(d) Book	value	Э
	Land		Dasis	(other)	uepr	eciation				
	Land									
	Buildings									
	Leasehold improvements		1 0	1 600		02 E		<u> </u>	0	50
	Equipment		15	54,600.	<u>.</u>	92,65	•••	0	.,95	50.
	Other							61	0.1	
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part)	<u>X, column (B), line 1</u>	10c.)					.,95	
							Schedule	D (Form	990)	2020

032052 12-01-20

(a) Description of security or category inclusions or exercises (b) Book value (c) Method of valuation: Cost or end of year market value (f) Financial derivatives (f) Book value (f) Method of valuation: Cost or end of year market value (f) for the second secon		Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests	(a	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(a) (b) (b) (c) (c)	(1)	Financial derivatives			
(A) (B) (C) (B) (C) (C) (C) (C) (C) (D) (C) (C) (D) (C) (C) (D) (C) (C) (E) (C) (C) (F) (C) (C) (D) (D) (D)	(2)	Closely held equity interests			
(B) Image: Constraint of the second seco	(3)	Other			
(C) (D) (B) (D) (B) (D) (F) (D) (G) (D) (D) (D) (D) (D) (D) (D) (D)	(4)			
(0) (6) (7) (6) (9) (7) (9) (9) (9) (9) (1) (9) (2) (9) (1) (9) (2) (9) (1) (9) (2) (9) (1) (9) (2) (9) (1) (9) (2) (9) (1) (9) (2) (9) (1) (9) (2) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (2) (9) (1) (9) (1) (9) (2) (9) (2) (9) (2) (9) (2) (9) (3) (9) (1)	(3)			
(E) (F) (F) ((2)			
(F) (G) (G) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (H) (G) (G) (()			
(G) (H) (H) (H) (F) (F) (F) (F) (G)	(=)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Implete fifthe 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 (d) Description of investment (e) Method of valuation: Cost or end of year market value (f) (g) (g) (h) Book value (g) Method of valuation: Cost or end of year market value (g) (h) Book value (g) (h) Book value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of valuation: Cost or end of year market value (h) Method of year Market (h) Method of year Market (h) Method of year Market (h) Book value (h) Method Assets. /ul>	(=)			
Total. (Col. (b) must equal Form 990. Part X, col. (B) line 12.) Part Will 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) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (a) Description (b) Book value (c) (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Labelities. (a) Description (b) Each pain zation answered "Yes" on Form 990, Part IV, line 11d or 11f. See Form 990, Part X, line 25. (a) Horn (b) must equal Form 980. Part X col. (B) line 15.) (b) Each pain (c) liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (c) Description of liabilities. Complete if the or	(G)			
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		· · · · · ·	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 ... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 RAINFOREST TRUST			13-	3500609	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	eturn.		
	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:					
а	Net unrealized gains (losses) on investments	2a	433,919.			
b	Donated services and use of facilities	2b	53,924.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		_		
b	Other (Describe in Part XIII.)	4b				
С	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.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per l	Retur	n.	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					10.1
1				Retur	n. 30,567,	,194.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1		194.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1		.194.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1		<u>.194.</u>
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1		<u>.194.</u>
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	53,924.	1	30,567,	
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	53,924.	 2e	<u>30,567</u> , 53,	924.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	53,924.	1	30,567,	924.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	53,924.	 2e	<u>30,567</u> , 53,	924.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	53,924.	 2e	<u>30,567</u> , 53,	924.
1 2 6 6 8 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	53,924.	 2e	<u>30,567</u> , 53,	<u>924.</u> 270.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	53,924.	1 2e 3 4c	30,567, 53, 30,513,	<u>,924.</u> ,270. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	53,924.	1 2e 3	<u>30,567</u> , 53,	<u>,924.</u> ,270. 0.

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.

032054 12-01-20

Name of the organization					Employer identit	ication number
RAINFOREST TRUS	т				13-350060)9
Part I General Infor	- mation on A	ctivities Out	side the United States. Compl	ete if the organ		
 Form 990, Part IV				0		
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other a		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes 🗌 No
•	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the
United States.	ha fallowing Dart	L line Q table of	n ha dunlicated if additional analas is n	(acidad)		
3 Activities per Region. (Th (a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is r (d) Activities conducted in the region	· · · · · · · · · · · · · · · · · · ·	vity listed in (d)	(f) Total
(,	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				LAND CONSER	VATION AND	
			CONSERVATION PROGRAM	CONSERVATIC	N PROGRAM	
SUB-SAHARAN AFRICA	0	0	SERVICES	MANAGEMENT		6,092,876.
				LAND CONSER		
		0	CONSERVATION PROGRAM	CONSERVATIO	N PROGRAM	0 707 000
SOUTH ASIA	0	0	SERVICES	MANAGEMENT		2,787,083.
				LAND CONSER	νάπτον άνο	
			CONSERVATION PROGRAM	CONSERVATIO		
SOUTH AMERICA	0	0	SERVICES	MANAGEMENT		6,945,189.
						, , .
				LAND CONSER	VATION AND	
			CONSERVATION PROGRAM	CONSERVATIO	N PROGRAM	
EUROPE	0	0	SERVICES	MANAGEMENT		18,821.
				LAND CONSER		
EAST ASIA & THE			CONSERVATION PROGRAM	CONSERVATIO	N PROGRAM	
PACIFIC	0	0	SERVICES	MANAGEMENT		226,523.
				LAND CONSER		
CENTRAL AMERICA AND			CONSERVATION PROGRAM	CONSERVATIO		
THE CARRIBEAN	0	0	SERVICES	MANAGEMENT		10,253,323.
0	0					26 202 015
3 a Subtotal	0	0				26,323,815.
b Total from continuation	0	0				0.
sheets to Part I c Totals (add lines 3a						, v.
and 3b)	0	0				26,323,815.

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

032071 12-03-20

Schedule F (Form 990) 2020

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

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

Statement of Activities Outside the United States

OMB No. 1545-0047
2020
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	18,283.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	39,037.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	49,600.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	98,752.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	61,933.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,829.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	169,467.	WIRE	٥.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	36,273.	WIRE	0.		DISBURSED
2 Enter total number of	recipient organization	ns listed above that are i	recognized as charities by the f					
			or counsel has provided a sect		-	► _		106
B Enter total number of	other organizations o	or entities				►		

Schedule F (Form 990) 2020

Page 2

chedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation 1 (a) Name of organization	(b) IBS code section	(a) Pagian	zations or Entities Outside t (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	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

chedule F (Form 990)		OREST TRUST			13-35			Page
	of Grants and Other	Assistance to Organiz	zations or Entities Outside t	he United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	19,080.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	DROGRAM GUDDODE	71.004	MTD P	0.		ACTUAL AMOUNT DISBURSED
		AFRICA	PROGRAM SUPPORT	71,224.	WIRE	0.		DISBORSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	121,804.	WIRE	0.		ACTUAL AMOUNT DISBURSED
				121,004.				
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	110,714.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	285,308.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	41,305.	WIRE	0.		DISBURSED
		SUB-SAHARAN		00,422				ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	98,432.	WIKE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	5,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
			INCOMM DUITONI	5,000.				
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	321,872.	WIRE	0.		ACTUAL AMOUNT DISBURSED

chedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation 1 (a) Name of organization	(b) IBS code section	(a) Region	zations or Entities Outside t (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	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

Schedule F (Form 990)						13-3500609 F					
	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States.	(Schedule F (Form 9						
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)			
		SOUTH ASIA	PROGRAM SUPPORT	56,280.	WIRE	0.		ACTUAL AMOUNT DISBURSED			
								ACTUAL AMOUNT			
		SOUTH ASIA	PROGRAM SUPPORT	21,022.	WIRE	0.		DISBURSED			
								ACTUAL AMOUNT			
		SOUTH ASIA	PROGRAM SUPPORT	140,887.	WIRE	0.		DISBURSED			
								ACTUAL AMOUNT			
		SOUTH ASIA	PROGRAM SUPPORT	398,566.	WIRE	0.		DISBURSED			
								ACTUAL AMOUNT			
		SOUTH ASIA	PROGRAM SUPPORT	72,771.	WIRE	0.		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			

RAINFOREST TRUST rt II Continuation of Grants and Other Assistance to Organizations or Entities Outside the I					13-3500609			
Part II Continuation of 1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM 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	٥.		ACTUAL AMOUNT DISBURSED

Schedule F (Form 990)		OREST TRUST			13-35			Page 2
Part II Continuation of 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagion	tions or Entities Outside the difference of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM 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

Schedule F (Form 990)	RAINF	OREST TRUST			Page 2			
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of 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

Schedule F (Form 990)		OREST TRUST			13-35	Page 2		
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		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

Schedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation of 1 (a) Name of organization	of Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagion	tions or Entities Outside th (d) Purpose of grant	e United States. (e) Amount of cash grant	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM 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

Schedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation of 1 (a) Name of organization	of Grants and Other <i>i</i> (b) IRS code section and EIN (if applicable)	(a) Pagion	zations or Entities Outside the difference of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	1076537.	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

chedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation of 1 (a) Name of organization	of Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagian	zations or Entities Outside t (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM 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

45

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

RAINFOREST TRUST Schedule F (Form 990) 2020 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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Schedule F (Form 990) 2020

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X 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 OUESTIONNAIRE WHICH ASKS BASIC QUESTIONS INCLUDING WHETHER THE ORGANIZATION IS LEGALLY AUTHORIZED TO WORK IN THE PROJECT COUNTRY AND WHETHER THEY CAN ACCEPT WIRE TRANSFER IN THE PROJECT COUNTRY. DURING THE INITIAL REVIEWS OF CONCEPT NOTES, THE SCIENCE AND MONITORING TEAM BRIEFLY INVESTIGATES THE PROSPECTIVE PARTNER TO ENSURE THAT THE ORGANIZATION HAS A WEBSITE AND THE FOUNDATIONS OF ANY ORGANIZATION, INCLUDING MISSION AND VISION STATEMENTS THAT ALIGN WITH RAINFOREST TRUST. ONCE A CONCEPT NOTE IS APPROVED, THE RESPECTIVE PROJECT LEAD AND REGIONAL TEAMS PERFORM FULL PARTNER VETTING THAT INCLUDES THE REQUEST FOR ORGANIZATIONAL DOCUMENTS, INCLUDING PROOF OF AUTHORIZATION TO WORK IN-COUNTRY AS WELL AS THE MOST RECENT FINANCIAL AUDIT. ADDITIONALLY, WE REQUEST THE NAMES OF THREE REFERENCES FROM THE PARTNER, WITH WHOM WE FOLLOW UP WITH OUERIES 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. Schedule F (Form 990) 2020 032075 12-03-20 47

2020.05000 RAINFOREST TRUST

Schedule F (Form 990) 2020 RAINFOREST TRUST	T2-2200003	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounti	ng method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	d); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	ation. See instructions.	
FINANCIAL REPORTS MUST SHOW FUNDS ARE SPENT AS AGREED TO IN	N THE ORIGINAL	ı,
APPROVED BUDGET. TECHNICAL PROGRESS REPORTS MUST DEMONSTRA	ATE 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 CHALLENG	JES ARE	
ADDRESSED AND THAT THE PROJECT IS PROGRESSING WELL. ANY	PROJECTS THAT	·
TNCLIDE IAND DUDCUACEC ADE DECUIDED DO DECUIDE A CODY OF DU	HE PROMISE OF	
INCLUDE LAND PURCHASES ARE REQUIRED TO PROVIDE A COPY OF TH	1E PROMISE OF	
SALE PRIOR TO THE TRANSFER OF FUNDS. AFTER THE PURCHASE HAS	2 DEEN	
SALE PRIOR TO THE TRANSFER OF FUNDS, AFTER THE PURCHASE HAS		
COMPLETED, THE PARTNER IS REQUIRED TO PROVIDE A COPY OF THE	א הידער מאס דידי ב	S
WELL AS A LAND PURCHASE REPORT. OVER THE LONGER-TERM, OU	JR NEW SCIENCE	:
	<u>M MEN BOILMOL</u>	. <u></u>
AND MONITORING TEAM IS ABLE TO USE SATELLITE DATA TO MONITORING)R	
	<u></u>	
DEFORESTATION AT OUR PROJECT SITES AND WE WILL BE INTRODUC	ING ADDITIONAL	
		<u> </u>
TOOLS TO ASSIST IN MONITORING THE SUCCESS OF OUR PROTECTED	AREAS.	

032075 12-03-20

SCHEDULE I (Form 990)		irants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar ete if the organizatio					2020
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.i	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection
Name of the organization RAINFORE	ST TRUST						Employer identification number $13 - 3500609$
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	s to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's	procedures for monit	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance t recipient that received more that	-				anization answered "Y	/es" on Form 990, Parl	IV, line 21, for any
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							PURCHASE AND PROTECTION OF PALM RAINFOREST, AND HELP PROTECT HABITAT AND
SAN JUAN, PR 00902	66-0801404	501(C)(3)	11,049.	0.			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 or	l nanizations listed in th	L e line 1 table	1	I	1	▶ 1.
3 Enter total number of section 30 (c)(3)	0	•					1.
LHA For Paperwork Reduction Act Notic							Schedule I (Form 990) 2020
		LUMN (H) DE	SCRIPTIONS	3			

032101 11-02-20

Schedule I (Form 990) 2020

RAINFOREST TRUST

13-3500609

Page 2

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
RANT	1	12,000.	0.		
	1	12,000.			
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
ART I, LINE 2:					
AINFOREST TRUST PERFORMS DUE D	ILIGENCE BY	VETTING TH	E PARTNERS	AND PROJECT	

PROPOSALS THROUGH OUR ADVISORY COUNCIL AS WELL AS INDEPENDENT CONSERVATION

SCIENTISTS AND PRACTITIONERS SERVE AS REVIEWERS. WE ALSO CONTACT OTHER

FUNDERS TO REQUEST CONFIDENTIAL EVALUATIONS OF THE PARTNER'S GOVERNANCE,

INSTITUTIONAL STABILITY, ABILITY TO EXECUTE THE PROJECT, AND ABILITY TO

MANAGE THE GRANT. IF THE PARTNER ORGANIZATION IS ABLE TO ACCOUNT FOR ANY

NEGATIVE FEEDBACK FROM THE PEER REVIEW AND OTHER FUNDER REVIEW PROCESS

ADEQUATELY THE PROJECT THEN MOVES ON FOR CAREFUL EVALUATION BY OUR BOARD OF

DIRECTORS.

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

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 I (Form 990)

032291 04-01-20

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງກ)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU)	
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic	
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organization		Employer			nber	
		RAINFOREST TRUST	13-:	350060	9		
Ра	rt I Question	s Regarding Compensation					
	.				Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	°					
	Travel for com						
	_	cation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ir, criei)				
h	If any of the bayes	on line 1a are checked, did the graphization follow a written policy recording according					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46	х		
0		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>	<u> </u>		
2	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?				х		
	trustees, and onice			2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Image: Stabilist compensation of the CEO/Executive Director, but explain in Part III. Image: Image: Stabilist compensation committee Image: Image: Image: Image: Image: Stabilist compensation committee Image: Imag						
	Image: Second						
	X Form 990 of o		ommittee				
			ommillee				
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 re						
а	•	e payment or change-of-control payment?		4a	х		
b		eive payment from a supplemental nonqualified retirement plan?				X	
с		eive payment from an equity-based compensation arrangement?		4.		X	
		hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	•			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the r	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		7		X	
8		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					X	
9							
	Regulations section	n 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	lule J (Forn	n 990)	2020	

032111 12-07-20

13-3500609

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and (D) Nontaxable other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JAMES DEUTSCH (i	172,708.	0.	0.	5,181.	5,823.	183,712.	0.	
CHIEF EXECUTIVE OFFICER		0.	0.	0.	0.	0.	0.	
(2) MARK GRUIN (i		0.	0.	4,559.	790.	157,323.	0.	
VICE PRESIDENT OF STRATEGIC INITIATI		0.	0.	0.	0.	0.	0.	
(i)								
(ii								
(i)								
(ii								
(i								
(ii								
(i)								
(ii)							
(i)								
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Schedule J (Form 990) 2020

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 J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2020
Open to Public

Name of the organization	

Employer identification number 13-3500609

RAINFOREST	TRUST	
Property		

Pa	t I Types of Property				ł			
	•	(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition ar	nounts	5
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 \dots							
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 organized							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							37
_	exempt purposes for the entire holding period?							
	If "Yes," describe the arrangement in Part II.		and the state of t	for a second				v
31	Does the organization have a gift acceptance p	-	-	•	ions?	31		<u>X</u>
32a	Does the organization hire or use third parties		-					v
	contributions?					32a		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.

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

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020	RAINFOREST	TRUST
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13-3500609 Page 2

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.

	Sabadula M /Earm 000) 0000
032142 11-23-20	Schedule M (Form 990) 2020

32732651

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



13-3500609

RAINFOREST TRUST

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. 032211 11-20-20 57 Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2				
Name of the organization	Employer identification number			
RAINFOREST TRUST	13-3500609			
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.

032212 11-20-20