Department of the Treasury

- 0047

Internal Revenue Service

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

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

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



АГ	or un	and en	laing		
B c	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	RAINFOREST FOUNDATION, INC.			
	Name Chang	Doing business as	95-1	622945	
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone number	r
	Final returr	1000 DEAN STREET, SUITE 430		(212) 431-9098
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,244,849.
	Amer returr	ded BROOKLYN, NY 11238		H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: SUZANNE PELLETIER		for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates ir	
11	Tax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or	527		list. (see instructions)
J١	Nebsi	te: WWW.RAINFORESTFOUNDATION.ORG		H(c) Group exemption	n number 🕨
ΚF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year of	of formation: 1988	State of legal domicile: CA
Pa	art I				
٥	1	Briefly describe the organization's mission or most significant activities: TO SUE	PPORT	INDIGENOUS	PEOPLES IN
ũ		TROPICAL RAINFORESTS IN THEIR EFFORTS TO B	PROTE	CT THEIR EN	VIRONMENT
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ۍ م	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7	
Activities &	6	Total number of volunteers (estimate if necessary)	6	3	
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,893,248.	2,230,929.
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,514.	1,725.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	91.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,897,762.	2,232,745.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,465,603.	1,201,157.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		535,364.	663,246.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	27,100.
ă		Total fundraising expenses (Part IX, column (D), line 25) 134,826		(1 ()))	101 (10
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		616,392.	421,642.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,617,359.	2,313,145.
	19	Revenue less expenses. Subtract line 18 from line 12		-719,597.	-80,400.
s or nces			Be	ginning of Current Year	End of Year
sset 3alaı		Total assets (Part X, line 16)	上	1,001,830.	957,524.
Fund Balanc		Total liabilities (Part X, line 26)		37,371.	74,689.
ŽŪ	22	Net assets or fund balances. Subtract line 21 from line 20		964,459.	882,835.
1 122	art II	I SIGNATURE BIOCK			

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

Sign Here										
Paid	Print/Type preparer's name MARTIN BERKOWITZ	Preparer's signature	Date	Check PTIN if self-employed P00154047						
Preparer										
Use Only Firm's address 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176 Phone no.212-697-22										
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No						
732001 11-2 S	28-17 LHA For Paperwork Reduction Act Notic EE SCHEDULE O FOR ORGANIZ	<i>i</i>	ENT CON	Form 990 (2017)						

		95-1622945 _{Page}
Par		िचः
		X
1		S IN THEIR EFFORTS
2		
	•	Yes X N
~		vices?
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: TO SUPPORT INDIGENOUS PEOPLES IN TROPICAL RAINFORESTS IN THEIR EFF TO PROTECT THEIR ENVIRONMENT AND PROMOTE HUMAN RIGHTS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? 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? Ye If "Yes," describe these changes on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. O Did the organization's program service accomplishments for each of its three largest program services, as measured by expens Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses revenue, if any, for each program service reported. 4a (Expenses 1,931,811. including grants of \$ 1,201,157.) (Revenue \$ THE BEST-PROTECTED RAINFORESTS ARE THOSE UNDER INDIGENOUS MANAGEME WHERE INDIGENOUS COMMUNITIES HAVE SECURE LAND RIGHTS, FORESTS ARE STANDING. THE RAINFOREST FOUNDATION TAKES		
4		ces, as measured by expenses.
•		
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,931,811. including grants of \$ 1,201,157.)	(Revenue \$
		-
		-
	(Code:) (Everypage ¢ including grants of ¢)	(Povonuo \$
rc		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,931,811.	
		Form 990 (201
32002	2 11-28-17 SEE SCHEDULE O FOR CONTINUATI	ON(S)
61	107 759420 8392 2017.04030 RAINFOREST FOUNDA	ATION, INC. 8392
υT	IUI IJ9420 0392 ZUII.04030 RAINFOREST FOUNDA	JITON' TNC. 0327

Form 990 (2017)

RAINFOREST FOUNDATION, INC.

Pa	rt 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
h	Part VI	11a	<u>л</u>	<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		37	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	├───
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,"			x
	complete Schedule G, Part III	19		L 🗸

Form **990** (2017)

Form	aan	(2017)
	330	(2017)

RAINFOREST FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			37
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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		X
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
•	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?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Form	990 (2017) RAINFOREST FOUNDATION, INC. 95-1622	945	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
τu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	ти		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
0a		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		- 23
D		Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70		x
a L	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 7b		- 23
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
ام	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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.	-		
a	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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Гони		10017

Form **990** (2017)

Form 990 (2017)	Form	990	(2017)
-----------------	------	-----	--------

16

RAINFOREST FOUNDATION, INC.

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

X

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

			1	0	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		9		
	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 in Schedule O.					
	Enter the number of voting members included in line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	ļ	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	ore filing the form	? 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
					X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				v	
	in Schedule O how this was done			10	X X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	ai by ii	naepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	x	
a	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization			15 b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mont	with a			
104	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?			16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			10a		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , NY , NJ					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sec	tion $501(c)(3)$ s on	lv) availa	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	·		ny) avana	510	
0	Own website Another's website Upon request Other (explain		,	and free		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nfiict (of interest policy,	and final	icial	
	statements available to the public during the tax year.	oko -	nd roocida.			
	State the name, address, and telephone number of the person who possesses the organization's bo THE ORGANIZATION - (212) 431-9098	oks a	iu recoras:			
20						
20	1000 DEAN STREET, SUITE 430, BROOKLYN, NY 11238				n 990	

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (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.

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

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

(A)		l				npo	loui	(D)	(E)	(F)
(A) Name and Title		(B) (C) Average (do not check more than one						Reportable	(ב) Reportable	(F) Estimated
Name and The	hours per	(do not check more than one box, unless person is both an			than		compensation	compensation	amount of	
	week		officer and a direc					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ien sa		(W-2/1099-MISC)		organization
	organizations	al tru:	onal ti		loyee	comp				and related
	below	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN COPELAND	line)	ц Ц	lns	£	Υ. Έ	e, <u>H</u> i	ē			
	1.00	v		x				0.	0.	0
CHAIRMAN	1 00	X		^				0.	0.	0.
(2) TODD CRIDER	1.00							0	0	0
VICE CHAIRMAN	1 00	X		X				0.	0.	0.
(3) BRETT ODOM	1.00								0	0
TREASURER	1 00	X		X				0.	0.	0.
(4) ROBERT CURRAN	1.00								0	•
BOARD MEMBER	1 00	X						0.	0.	0.
(5) JENNY SPRINGER	1.00								0	•
BOARD MEMBER	1	Х						0.	0.	0.
(6) VERONIQUE PITTMAN	1.00								0	•
BOARD MEMBER	1 00	X						0.	0.	0.
(7) FABRIZIO CHIESA	1.00									•
BOARD MEMBER	1	Х						0.	0.	0.
(8) CHRISTINE LELONG	1.00									•
BOARD MEMBER		х						0.	0.	0.
(9) LARS VON BENNIGSEN	1.00									
BOARD MEMBER		х						0.	0.	0.
(10) ANN COLLEY (THRU 3/1/2017)	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SUZANNE PELLETIER	40.00									
EXECUTIVE DIRECTOR				х				125,000.	0.	29,914.
732007 11-28-17										Form 990 (2017)

732007 11-28-17

16161107 759420 8392

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

7

Form	990 (2017) RAINFORES	ST FOUNI	DA'	ГІС)N ,	, -	INC	2.		95-10	622	945	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) (C) Average hours per week week						one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e on ed
													_	
	Sub-total Total from continuation sheets to Part VI								125,000.		0.		9,9	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization								125,000. eceived more than \$100	,000 of reportab	0. le	2	9,9:	14. 1
	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s					•			•			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	im of reportab),000? <i>If</i> "Yes,	le co " <i>co</i>	ompe <i>mple</i>	ensa ete S	atior Sche	n and edule	d ot 9 <i>J 1</i>	her compensation from for such individual	the organization		4	X	
	rendered to the organization? If "Yes," com	•							•			5		Х
1	ion B. Independent Contractors Complete this table for your five highest co the organization. Report compensation for t	-	-								npens	ation f	rom	
	(A) Name and business			ONE		VILLI			(B) Description of s		С	(C omper	;) nsatior	<u>ו</u>
								_						
2	Total number of independent contractors (ii		ot li	miter	d to	the	se lie	ster	d above) who received m	ore than				
	\$100,000 of compensation from the organiz)					Form	990 (2	2017)
														,

Part VIII Statement of Revenue Check if Schedule C contains a response or note to any ine in this Part VII (B) (C) (C) <t< th=""><th></th><th></th><th></th><th>FOREST FO</th><th>UNDATION</th><th>, INC.</th><th></th><th>95-1622</th><th>945 Page 9</th></t<>				FOREST FO	UNDATION	, INC.		95-1622	945 Page 9
Image: second	Pa	rt VII							
Bit Total revenue Related or semigritunity Province of the semigritunity of the se			Check if Schedule O cont	tains a response	or note to any lir		(5)		
age of the set o						• •	Related or exempt function	Unrelated business	from tax under
age of the set o	nts nts	1 a	Federated campaigns	1a					
age of the set o	Grai								
age of the set o	Am (с	Fundraising events						
age of the set o	Gifi lar	d	Related organizations						
age of the set o	ini,	е	Government grants (contribut	tions) 1e	863,634.				
age of the set o	er S	f	All other contributions, gifts, gran						
age of the set o	<u>i</u> bu		similar amounts not included abo	ove 1f 1,					
age of the set o	the contract								
group 2 a	a Ö	h	Total. Add lines 1a-1f		1				
a Total. Add lines 22?					Business Code				
a Total. Add lines 22?	rice								
a Total. Add lines 22?	serv ue								
a Total. Add lines 22?	s nas								
a Total. Add lines 22?	gra Re								
a Total. Add lines 22?	Pro								
3 Investment income (including dividends, interest, and other similar amounts) 57. 57. 4 Income from investment of tax-exempt bond proceeds 57. 57. 5 Royatiles (i) Read (ii) Personal 6 a Gross rents (ii) Read (ii) Personal b Less: rental expenses (iii) Curve (iiii) Personal 7 a Gross anount from sales of the tasis and sales expenses (ii) Securities (ii) Other 13 incurding 3 (ii) Securities (ii) Curve (iii) Personal 8 a Gross anount from sales of the tasis and sales expenses 12,104. (iii) Securities (ii) Curve 13 a Gross income from fundralsing events (not including 3 of contributions reported on line 1c). See 1,668. 1,668. 8 a Gross income from gaming activities. See b (iii) (iiii) (iii) 9 Coss income from gaming activities. See b (iii) (iii) (iii) 10 Gross sales of inventory. Less returns and allowances a (iiii) (iiii) (iiii) 10 Gross sales of inventory. Less returns and allowances a	_								
other similar amounts) 57. 57. 4 income from investment of tax-exempt bond proceeds 5 5 Royalties 0 6 a Gross rents 0 1 b Less: rental expenses 0 1 Royalties 0 7 a Gross amount from sales of assets other than inventory 0 9 Securities 00 Other 13,772. 12,104. 1,668. 1,668. 1,668. 1,668. 8 a Gross income from fundraising events (not including \$ of cos income from fundraising events (not including \$ of cos income from gaming activities. See									
4 Income from investment of tax exempt bond proceeds 5 Royatties 6 a Gross rents b Less: rental expenses c Rental income of (loss) 7 Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses and sales expenses 12, 104. 12, 104. 13, 772. 12, 104. 12, 104. 12, 104. 12, 104. a Gross income from fundrasing events (not including \$ 0 recurring the relation of (loss) 0 8 a Gross income from fundrasing events (not including \$ including \$ 0 contributions reported on line 10. See 0 Part IV, line 18 0 b Less: direct expenses b 0 const income or (loss) from gaming activities. See part IV, line 19 0 b 0 coss sales of inventory, less returns and allowances 0 and allowances 0 c 0 d Miscoellancous Revenue kusiness Code		5				57.			57.
5 Royatties (i) Real (ii) Personal 6 a Gross rents (iii) Real (iii) Personal b Less: rental expenses (iiii) Real (iii) Personal c Net rental income or (loss) (iiii) Real (iii) Other 7 a Gross amount from sales of assets other than inventory (iiii) Real (iii) Other 7 a Gross amount from sales of assets other than inventory (iii) Real (iii) Other 7 a Gross amount from sales of assets other than inventory (iii) Real (iii) Other 13, 772. 12, 104. 1, 668. 1, 668. 6 Net gain or (loss) (iii) Contention 12, 104. 1, 668. 8 a Gross income from fundraising events (not including \$ of continbutions reported on line 10.) See 1, 668. 1, 668. 9 a Gross income from gaming activities. See (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		4							
Image: Second									
6 a Gross rents		-							
b Less: rental expenses		6 a	Gross rents		(1)				
c Rental income or (loss)									
7 a Gross amount from sales of assets other than inventory									
assets other than inventory 13,772. b Less: cost or other basis and sales expenses 12,104. c Gain or (loss) 1,668. d Net gain or (loss) 1,668. d Net gain or (loss) 1,668. d Net gain or (loss) 0 d Net gain or (loss) 0 b Less: cost or duration on line 1c). See 0 Part IV, line 18 a 0 b Less: direct expenses b c Net income or (loss) from fundraising events 0 9 Gross income from gaming activities. See 0 Part IV, line 19 a 0 b Less: direct expenses 0 c Net income or (loss) from gaming activities. 0 10 Gross sales of inventory, less returns and allowances a d Less: cost of goods sold 0 c Net income or (loss) from sales of inventory 0 Miscellaneous Revenue Business Code 0 11 a MISCElLANEOUS REVENUE 900099 91. c d		d	Net rental income or (loss)		►				
b Less: cost or other basis and sales expenses 12,104. c Gain or (loss) 1,668. d Net gain or (loss) 1,668. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 1 b Less: direct expenses b c Net income or (loss) from fundraising events 1 9 Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a Less: cost of goods sold b c Net income or (loss) from gaming activities Image: cost and allowances a Less: cost of goods sold b Image: cost and allowances c Net income or (loss) from sales of inventory Image: cost and allowances Image: cost and allowances b C Net income or (loss) from sales of inventory Image: cost and allowances Image: cost and allowances Image: cost and allowances<		7 a	Gross amount from sales of						
and sales expenses 12,104. c Gain or (loss) 1,668. d Net gain or (loss) 1,668. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 1,668. b Less: direct expenses b c Roros income from gaming activities. See Part IV, line 19 1 b Less: direct expenses b c Net income or (loss) from fundraising events 1 a Gross income from gaming activities. See Part IV, line 19 1 b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 1 b Less: direct expenses b c Roros scales of inventory, less returns and allowances 1 and allowances 1 ab Less: cost of goods sold 1 c Net income or (loss) from sales of inventory 1 Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 b Less: cost of goods sold 2,232,745. c All other revenue 2,232,745. d All other revenue 2,232,745. e Total. Add lines 11a-11d 91. 12 Total revenue. See ins			assets other than inventory	13,772.					
e Gain or (loss) 1,668. d Net gain or (loss) 1,668. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b		b	Less: cost or other basis						
d Net gain or (loss) 1,668. 1,668. 8 a Gross income from fundralsing events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a b Less: direct expenses b c c c Net income or (loss) from gaming activities. b c 9 a Gross income from gaming activities. See Part IV, line 19 a c b Less: direct expenses b c c Net income or (loss) from gaming activities c c 10 a Gross sales of inventory, less returns and allowances a c b Less: cost of goods sold b c c 11 a MISCELLANEOUS REVENUE 900099 91. 91. c d All other revenue 2,232,745. 1,668. 0. 148 72000 11-28-17 Form 990 (2017) Form 990 (2017) Form 990 (2017) Form 990 (2017)				1					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a 9 a Gross income from gaming activities. See Part IV, line 19 a b 9 a Gross income from gaming activities. See Part IV, line 19 a b 9 a Gross income from gaming activities. See Part IV, line 19 a b 9 a Gross sincome or (loss) from gaming activities. See Part IV, line 19 a						1	1		
including \$of contributions reported on line 1c). See Part IV, line 18a b Less: direct expensesb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expensesb c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowancesa a b Less: cost of goods soldb c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLIANEOUS REVENUE 900099 c All other revenue e Total. Add lines 11a.11d 911. 12 Total revenue. See instructions. 12 Total revenue. See instructions.					····· 🕨	1,668.	1,668.		
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Niscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 91. 91. 91. c d d All other revenue e Total revenue. See instructions. v 2,232,745. 17 Form 990 (2017	ne	8 a	.	-					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Niscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 91. 91. 91. c d d All other revenue e Total revenue. See instructions. v 2,232,745. 17 Form 990 (2017	ven								
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Niscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 91. 91. 91. c d d All other revenue e Total revenue. See instructions. v 2,232,745. 17 Form 990 (2017	Re			-					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b b c Niscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 91. 91. 91. c d d All other revenue e Total revenue. See instructions. v 2,232,745. 17 Form 990 (2017	her	Ь							
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 91. 91. 2,232,745. 1,668. 0. 12 Total revenue. See instructions. 732009 11-28-17	đ				>				
Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 91. 91. 2,232,745. 1,668. 0. 112 Total revenue. See instructions. 732009 11-28-17				-					
b Less: direct expenses c Net income or (loss) from gaming activities 10 a a a a a b b c set income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLLANEOUS REVENUE 900099 900099 91. 91. 91. c d d All other revenue e Total revenue. See instructions. 91.2817 Form 990 (2017)		54							
c Net income or (loss) from gaming activities ▶ ▶ ■		b							
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS REVENUE 900099 91. 91. 91. 2,232,745. 11.2 Total revenue. See instructions. 732009 11-28-17									
b Less: cost of goods sold b									
c Net income or (loss) from sales of inventory Image: Code of the sales of			and allowances	а					
Miscellaneous Revenue Business Code 900099 91. 91. b 900099 91. 91. 91. c 900099 91. 91. 91. d All other revenue 91. 91. 91. e Total. Add lines 11a-11d 91. 91. 91. 12 Total revenue. See instructions. 91. 1.668. 0. 148. 732009 11-28-17 Form 990 (2017) 1.668. 1.0 1.0		b	Less: cost of goods sold	b					
11 a MISCELLANEOUS REVENUE 900099 91. 91. b		с	Net income or (loss) from sale	es of inventory	►				
b									
c		11 a	MISCELLANEOUS F	REVENUE	900099	91.			91.
d All other revenue 91. e Total. Add lines 11a-11d > 91. 12 Total revenue. See instructions. > 2,232,745. 1,668. 0. 148. 732009 11-28-17 Form 990 (2017)		b							
e Total. Add lines 11a-11d ▶ 91. 12 Total revenue. See instructions. ▶ 2,232,745. 1,668. 0. 148. 732009 11-28-17 Form 990 (2017)									
12 Total revenue. See instructions. 2,232,745. 1,668. 0. 148 732009 11-28-17 Form 990 (2017)									
732009 11-28-17 Form 990 (2017							1		140
					>	4,434,/45.	1,000.	υ.	
	73200	9 11-28	8-17			9			Form 990 (2017

16161107 759420 8392 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Part IX Statement of Functional Expenses

RAINFOREST FOUNDATION, INC.

<u> </u>	Check if Schedule O contains a response	se or note to any line in to any line in the interview (A)	this Part IX (B)	(C)	L
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			<u> </u>	ł
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 001 155	1 001 155		
	individuals. See Part IV, lines 15 and 16	1,201,157.	1,201,157.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	1 5 4 0 1 4			20.007
	trustees, and key employees	154,914.	77,457.	46,474.	30,983
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	101 000	207 212	E4 E20	20 050
	Other salaries and wages	421,800.	327,313.	54,528.	39,959
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	42,755.	26 940	3,256.	2 650
	Other employee benefits	42,755.	36,849. 31,209.	7,368.	2,650 5,200
	Payroll taxes	43,111.	51,209.	1,300.	5,200
	Fees for services (non-employees):				
		255.	77.	178.	
		51,644.	2,582.	49,062.	
		JI,044.	2,302.	49,002.	
	Lobbying	27,100.			27,100
	Professional fundraising services. See Part IV, line 17	27,100.			27,100
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	10,185.	2,000.	5,280.	2 905
		3,232.	81.	115.	2,905 3,036 7,730
	Advertising and promotion Office expenses	37,516.	12,061.	17,725.	7,730
	Information technology	800.	507.	278.	15
	Royalties				
	Occupancy	71,402.	12,108.	47,186.	12,108
	Travel	39,296.	26,717.	11,349.	1,230
	Payments of travel or entertainment expenses		/ / _ / /		_,,
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	1,864.		1,864.	
	Insurance	1,845.		1,845.	
-	Other expenses. Itemize expenses not covered	-		-	
-	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	PROGRAM EXPENSES	199,154.	199,154.		
b	MISCELLANEOUS	4,449.	2,539.		1,910
с			-		
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,313,145.	1,931,811.	246,508.	134,826
	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 b if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

16161107 759420 8392

10 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Form **990** (2017)

16161107 759420 8392

RAINFOREST	FOUNDATION,	INC

95-1622945 Page 11

Fail		Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			226,644.	1	565,173.
	2	Savings and temporary cash investments			8,559.	2	0.
	3	Pledges and grants receivable, net	722,309.	3	370,865.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ŝ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		7			
¥	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	5,471.	9	1,873.		
	10a	Land buildings and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	37,489.			
	b	basis. Complete Part VI of Schedule D	10b	32,170.	7,183.	10c	5,319.
	11	Investments - publicly traded securities			18,164.	11	794.
	12	Investments - other securities. See Part IV, line 1			•	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	13,500.	15	13,500.		
	16	Total assets. Add lines 1 through 15 (must equa			1,001,830.	16	957,524.
	17	Accounts payable and accrued expenses			37,371.	17	74,689.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
abi		Complete Part II of Schedule L				22	
<u>:</u>	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		Schedule D				25	
	26				37,371.	26	74,689.
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
S		complete lines 27 through 29, and lines 33 an					
ů i	27	Unrestricted net assets			-26,692.	27	-118,540.
ala	28	Temporarily restricted net assets			991,151.	28	1,001,375.
	29					29	
E		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🗌			
P		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid in or capital surplus, or land, building, or eq				31	
et /	32	Retained earnings, endowment, accumulated in				32	
Ž ;	33	Total net assets or fund balances			964,459.	33	882,835.
	34	Total liabilities and net assets/fund balances			1,001,830.	34	957,524.
							Form 990 (2017)

Form 990 (2017)
Part X Balance Sheet

Form	1990 (2017) RAINFOREST FOUNDATION, INC. 95	5-1622945	Page 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) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9	2,313 -80 964	2,745. 3,145. 0,400. 1,459. 1,224. 0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	882	2,835.
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
1 2a	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 O. Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes No X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:		<u>x</u>
	X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule As a result of a faderal event, was the programmed to undergo an audit or audits or out fath in the Single	2c	x
34	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A Act and OMB Circular A-133?	Audit 3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit 3b	990 (2017)

Form **990** (2017)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)	
-------	-----	----	---------	--

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

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

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

	OMB No. 1545-0047
1	2017
	Open to Public Inspection
Employer	identification number

				NDATION, INC					5-1622945				
Ра	rt I	Reason for Public	Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions	•					
Гhe	orgar	nization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)([.]	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 99	90-EZ).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ction 170)(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owned	l or opera	ted by a g	overnmental u	nit describ	ped in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe											
9		An agricultural research org											
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state of	the colleg	le or				
		university:											
10		An organization that norma											
		activities related to its exen											
		income and unrelated busin		e (less section 511 tax) fro	om busine	esses acqu	lired by the org	ganization	after June 30, 1975.				
		See section 509(a)(2). (Con											
11	\square	An organization organized a	-	•	•								
12		An organization organized a	-	-	-			•					
		more publicly supported or	-						JNECK THE DOX IN				
_		lines 12a through 12d that				-		-	(civing				
а		☐ Type I. A supporting orga the supported organization	-	-	•								
		the supported organization			пајопту	or the dire	clors or truste		supporting				
b		organization. You must c Type II. A supporting org	-		tion with it	te sunnort	ed organizatio	n(e) by ba	wina				
b		control or management o	-				-		-				
		organization(s). You mus			anic perse			ge the sup	poned				
c		Type III functionally inte			in connec	tion with	and functional	v integrat	ed with				
Ū		its supported organizatio						y mograe	ou man,				
d		Type III non-functionally						ted organi	ization(s)				
		that is not functionally int						-					
		requirement (see instruct	•	c ,	•		•						
е		Check this box if the orga		•	-			II, Type III					
		functionally integrated, or											
f	Ente	er the number of supported o	organizations										
g	Pro	vide the following informatior		ed organization(s).									
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount of	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)				
Fet -													
Tota	41												

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST FOUNDATION, INC. Part II

95-1622945 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1073595.	2068649.	1884839.	1893248.	2230929.	9151260.
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	1073595.	2068649.	1884839.	1893248.	2230929.	9151260.
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)						1263401.
6	Public support. Subtract line 5 from line 4.						7887859.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1073595.	2068649.	1884839.	1893248.	(e) 2017 2230929.	9151260.
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	116.	149.	515.	426.	57.	1,263.
9	Net income from unrelated business						_/
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,376.	14.		4,088.	91.	5,569.
11	Total support. Add lines 7 through 10				_,		9158092.
	Gross receipts from related activities,	etc. (see instructio	ane)			12	
	First five years. If the Form 990 is for		,	d fourth or fifth ta			
10	organization, check this box and stor	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		<u></u>		
	Public support percentage for 2017 (column (f))		14	86.13 %
	Public support percentage from 2016					15	84.54 %
	33 1/3% support test - 2017. If the c						, -
100	stop here. The organization qualifies						► X
h	33 1/3% support test - 2016. If the c						
~	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						or more
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	. —
F		-	-	• • • •	-		
D.	10% -facts-and-circumstances tes						
	more, and if the organization meets the						́ ⊾ □ .
19	organization meets the "facts-and-circ						
18	Private foundation. If the organization	in did not check a		a, 100, 17a, 01 17t		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

16161107 759420 8392

Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST FOUNDATION, INC. 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total	
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
J	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support		•	•					
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
			1						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c))(3) organiz	ation,	
	check this box and stop here	-			•				
Sec	ction C. Computation of Publ	c Support Pe	ercentage						
	Public support percentage for 2017 (I			column (f))		15			%
	Public support percentage from 2016					16			%
	ction D. Computation of Invest					1.0			,,,
	Investment income percentage for 20					17			%
18	Investment income percentage from 2					18			%
	33 1/3% support tests - 2017. If the			on line 14 and line			and line t	7 is not	70
194	more than 33 1/3%, check this box ar	-							
h									
ŭ	33 1/3% support tests - 2016. If the	-							
00	line 18 is not more than 33 1/3%, che								
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, check t					
3202	23 10-06-17				Sch	nedule A	(⊦orm 990) or 990-EZ)	2017
				15					
61	107 759420 8392	20	17.04030	15 RAINFORES	Γ FOUNDAT	ION	INC.	8392	1

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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

732024 10-06-17

16161107 759420 8392

16 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST FOUNDATION, INC. Part IV Supporting Organizations (continued)

			N ₂	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	Ū		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions	1		
' a	The organization satisfied the Activities Test. Complete line 2 below.	·)·		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance).	struction	2)	
2	Activities Test. Answer (a) and (b) below.	structions	Yes	No
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	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			
		0.0		
h.	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	C ¹		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form	990 or 99	90-EZ	2017

16161107 759420 8392

17 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Schedule A (Form 990 or 990-EZ) 2017 RAINFOREST FOUNDATION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 RAINFOREST FOUNDATION, INC.

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
-	Excess from 2016			
-	Excess from 2017			
<u> </u>				

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

edule A (Form 990 or 990-EZ) 2017 RAI			95-1622945 Pa
Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c and 3; Part IV, Section E, lir	, 11a, 11b, and 11c; Part IV es 1c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C Part V, line 1; Part V, Section B, line 1e; Part V
Section D, lines 5, 6, and 8; and ((See instructions.)	Part V, Section E, lines 2, 5,	and 6. Also complete this p	part for any additional information.
· · ·			
			Schedule A (Form 990 or 990-EZ
28 10-06-17			Cohodulo A (Corres 000 or 000 EZ)

SCHEDULE D

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.



Department of the Treasury Internal Revenue Service Name of the organization

RAINFOREST FOUNDATION, INC.

Employer identification number 95-1622945

Par	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e confer	ring		
	impermissible private benefit?			Yes No		
Par	t II Conservation Easements. Complete if the or	ganization 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 (e.g., recreation or e	education) Preservation of a his	torically	important land area		
	Protection of natural habitat	Preservation of a cer	tified hi	storic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a co	onservation 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 sta	ructure included in (a)		2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re			nization during the tax		
	year ▶					
4	Number of states where property subject to conservation ea	asement is located				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservatio	on easements during the year		
	►					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation ea	sements during the year		
	►\$					
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	-				
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the org	ganization's accounting for		
Der	conservation easements.	Aut Historical Tracewas, or ()the are (Cimilar Accete		
Par			Juner	Similar Assets.		
	Complete if the organization answered "Yes" on Forn					
та	If the organization elected, as permitted under SFAS 116 (As					
	historical treasures, or other similar assets held for public ex		ance of	public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descr					
a	If the organization elected, as permitted under SFAS 116 (As					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pl	JDIIC SEI	rvice, provide the following amounts		
	relating to these items:			•		
	(i) Revenue included on Form 990, Part VIII, line 1					
0	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tree the following amounts required to be reported under SEAS		ai yain,	provide		
-	the following amounts required to be reported under SFAS 1			► ¢		
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction			\$ Schedule D (Form 990) 2017		
		19 101 FULLI 390.		Schedule D (Form 390) 2017		
13205	10-09-17	26				

16161107 759420 8392

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar AssetScontinued) 4 Using the organizations acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research e Other c Presention for thre organization solic or receive domatons of art, historical treasures, or other similar assets to be solic or anabe under attribute and the anabiand as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization collection? Yes No Part V Escrow and Custodial Arrangements. Complete the following table: Image and the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d Amount Image and anaber. Image and anaber. Image anaber. <th>Sche</th> <th></th> <th>EST FOUNDA</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>2294</th> <th></th> <th>ige 2</th>	Sche		EST FOUNDA							2294		ige 2
check all that apply: d Loan or exchange programs a Debic exhibition d Loan or exchange programs b Scholarly research e Other Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII. The organization and the organization solections and explain how they further the organization's exempt purpose in Part XIII. Burning the year, did the organization solections and explain how they further the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21. The second Custofiel Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21. 1a Is the organization angent, rustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes. No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII. Yes No b Detributions Contributions Image: Part VIII (Part VIII) Yes No b If Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII. Yes No b Contributions Gent IF Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided	Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Othe	er Simila	r Asse	ts(contir	nued)	
a Public exhibition during the year induced and the organization and the organization's exempt purpose in Part XIII. 5 During the year, ddi the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, ddi the organization's collection's and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, ddi the organization social or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 90, Part IV, line 90, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 14 Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 14 Is the organization angent the Part XIII and complete the following table: 15 Complete the year 15 Complete the organization assets on the limitity? 16 Part V Endowment I Part XIII concellent and the organization asset on provided on Part XII 26 Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial accumt liability? 27 Part V Endowment FundS. Complete If the organization answered "Yes" on Form 900, Part X, line 21. 27 Provide the asignment in Part XIII concellent if the organization and second "Yes" on Form 900, Part X, line 20. 28 Port part part organization and exerce and the organization and second "Yes" on Form 900, Part X, line 20. 29 Portor year balance 20 Portor year balance 30 Portor year balance 31 Portor year balance 32 Provide the asignment in Part XIII concellent and administered for the organization administer and porgrams 33 Portor basis (rine statistics and programs) bala beat the	3		ion, and other record	ds, chec	k any of the	following that	at are a s	ignificant u	se of its	collectio	n item	3
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b The organization include an amount on Form 990, Part X, line 21. 1a Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organin	а		d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization is collection? Part W escrow and a sent trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Beginning balance Cell Beginning of year balance Cell Current year Cell Divery years back (e) Four years back (e) Four years back Cell Foury years back (e) Four years back (e) Four years back Cell Foury years balance Cell Foury years back Cell Foury years back	b		e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funder rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Intermediation of the organization angent, fustake, custodian or other intermediary for contributions or outper data and uning the year Intermediation of the organization angent, fustake, custodian or other intermediary for contributions or outper data and uning the year Intermediation of the organization angent in Part XIII. Amount 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes.' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Eurods. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the organization answered 'Yes' on Form 990, Part X, line 10. fa	С	-										
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21. 14 Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability? Image: Control of the organization asserted 'Yes' on Form 980, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10. Image: Control of the organization asserted 'Yes' on Form 980, Part V, line 21. I a Beginning of year balance Image: Control of the organization asserted 'Yes' on Form 980, Part V, line 10. Image: Control of the organ									se in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (X) Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete III and Complete IIII and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5									٦.,		1
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1a d Additions during the year 1a e Distributions during the year 1a 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X Ine 10. Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ine 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a Bead designated or quasi-indownent implete the following table indownent implete the set indownent implete the following table indownent i	Do											
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount 10 c Beginning balance 14 14 e Distributions during the year 14 14 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b fr'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No In 'Yes'' explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part XIII. No b Contributions (e) Four years back (for Part V) line 10. Image: the organization answered 'Yes' on Form 990, Part XIII. Image: the organization include and programs in the arrangement in Part XIII. Image: the yes' on Form 990, Part XIII. Image: the organization include and programs in the arrangement in Part XIII. Image: the organization include and part is the organization answered 'Yes' on Form 990, Part XIII. Image: the organization include and part is the organization answered 'Yes' on Form 990, Part XIII. Image: the organization is the part is the organization answered 'Yes' on Form 990, Part XIII. Image: the organization is the organization is endownent is the part is the organization is endownent	Fai			ete if the	e organizatio	on answered	"Yes" on	1 Form 990,	Part IV,	line 9, or		
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (b) Prior year 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	10			dian (for	contributio	a or other or	acto pot	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:	Ia									Vec		
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Im Im Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Im Im Im 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c No Mathinistrative expenditures for facilities (d) Three years back (e) Four years back g End or year balance (f) Administrative expendes (f) Administrative expenditures for facilities (f) Provide the estimated percentage of the	h								······		L	
c Beginning balance ic id id id	b		and complete the lo	nowing	lable.					Amoun		
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 4 draints or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a back organization s (f) Three yearships 2 Frovide the endowment I % % % % % % % 5 Permanent endowment I % % % % % % % % % <td< td=""><td>~</td><td>Beginning balance</td><td></td><td></td><td></td><td></td><td></td><td>10</td><td></td><td>Amoun</td><td></td><td></td></td<>	~	Beginning balance						10		Amoun		
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (d) Current year (e) Prior year (c) Two years back (d) Four years back a Did the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back a Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (d) Current year (e) Two years back (e) Two years back (e) Four years back c Not other expenditures for facilities (f) Administrative expenses (f) Permanent endowment (f)												
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c No (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (b) Chron year (c) Two years back (d) Three years back (e) Four years back 6 Contributions (c) Two years back (d) Three years back (e) Four years back 6 Contributions (c) Two years back (d) Three years back (e) Four years back 7 Administrative expenses (d) Administrative expenses (e) Four year (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Four year </td <td>-</td> <td></td>	-											
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Administrative expenses (a) Current year (a) Current year (b) Prior year (c) Two years back (d) Two years back (e) Four years back g End of year balance (a) Current year (a) Current year (a) Current year (b) Prior year (c) Two years back (d) Two years back (e) Four years back (f) The years back (f) Two years back (f) Two years back (f) Two years back (f) Four years back fa fa fa fa fa fa <										Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 6 Cher expenditures for facilities (a) Current year (b) Prior year (c) Two years back (d) Three years back 6 Cher expenditures for facilities (a) Current year end balance (in a construction of the programs (c) Two years back (d) Three years back 7 Administrative expenditures for facilities (c) Two years back (c) Two years back (d) Three years back 9 End of year balance (c) Two years back (c) Two years back (d) Three years back 9 End of year balance (c) Two years back (d) Three years back (d) Three years back 9 End of year balance (f) Covernet year end balance (line 1g, column (a)) held as]
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs												
b Contributions			(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years I	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) urelated organizations (iii) related organizations (iii) related organizations 3a(ii) 3a(iii) 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c c c Leasehold improvements c c c Land b b b b c Leasehold improvements c c Leasehold improvements c </td <td>d</td> <td>Grants or scholarships</td> <td></td>	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) are the related organization's endowment funds. Yes No 3a(i) 3a(ii) 3b 4 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) (d) Book value (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment (d) Cost or 5, 319. (d) Cher 	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g											
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		rent year end baland	ce (line 1	g, column (a)) held as:						
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) unrelated organizations 3a(i) 3a(ii)	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization subset of the organization's endowment funds. (a) Cost or other functions (b) Cost or other function (c) Accumulated depreciation (d) Book value (d) Book value (d) Equipment (d) Equipment<td></td><td></td><td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>			%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(ii)	с											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other (i) unrelated organizations (ii) related organizations (iii) a (iii)												
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	3a		ession of the organiz	ation that	at are held a	and administe	ered for t	he organiza	ation	г	. 1	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment guipment 37,489. e Other		-									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 37,489. d Equipment 37,489. e Other 0	L	(II) related organizations								3a(II)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land			0	Jwrnent	iunus.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				0. Part IV	V. line 11a. S	See Form 990	0. Part X.	line 10.				
basis (investment) basis (other) depreciation 1a Land					r <u> </u>				4	(d) Boo	< value	
b Buildings		becomption of property								(u) 200	(value	
b Buildings	1a	Land	`									
c Leasehold improvements												
d Equipment 37,489. 32,170. 5,319. e Other												
e Other					3	37,489.		32,17	0.		5,31	19.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	e											
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line	10c.)					5,32	L9.

Schedule D (Form 990) 2017

732052 10-09-17

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 RAINFOREST FOUNDATION,	INC.	9	95-3	1622945	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,231	,521.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		Ī			
а	Net unrealized gains (losses) on investments	2a	-1,224.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		,224.
3	Subtract line 2e from line 1			3	2,232	,745.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Γ			
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.)					2,232	,745.
Pa	t XII Reconciliation of Expenses per Audited Financial Si	tatements Witl	n Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total expenses and losses per audited financial statements			1	2,313	,145.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,313	,145.
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	2,313	,145.
Pa	t XIII Supplemental Information.					
-				.		

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

16161107 759420 8392

Name of the organization Employer identification numb RAILFOREST FOUNDATION, INC. 95-1622945 Part II General Information on Activities Outside the United States. Complete if the organization answered Yes' on Form 990, Part M, Ine 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. 1 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.	Department of the Treasury Internal Revenue Service	► Go to y	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the lates	t information		Open to Public
PartI General Information on Activities Outside the United States. Complete if the organization asswered "Yes" on Formatokers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantest eligibility for the grants or assistance, and the selection orien used to award the grants or assistance? Yes XI 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Regon. (The following Part I. Ine 3 table can be duplicated if additional space is needed.) (a) Fagion (b) Inter of (c) formation of (c) is a program service, insertence, grants in describe specific type is a program service, insertence, grants in the region in the region in the region (b) If activity isted in (d) is a program service, insertence, grants in describe specific type is service in the region on the specific type. (c) For a service (s) in the region on the region in the region on the region on the region on the region on the region in the region on the region in the region on the region in the region on the region							
PartI General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 980, Part IV, line 14b. 1 For grantmakers. Describe in part Vb enganization spocedures for monitoring the use of its grants and other assistance? Ves X is a subtact of the organization maintain records to substantiate the amount of its grants and other assistance? Ves X is a subtact of the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I. line 3 table can be duplicated if additional space is needed.) (e) for the organization's procedures for monitoring the use of 1b grants and software service, instructions, grants in describe specific type of service(s) in the region in the region in the region in the region on the organization's procedures to accelerate the the region of service(s) in the region in the region on the region of service(s) in the region on the organization's procedures to accelerate the needed in the region on the r			TNO			05 162	2045
Form 990, Part W, Ine 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantes' eligibility for the grants or assistance, and the selection offeria used to award the grants or assistance outside the United States. 2. For grantmakers. Describe in Part V the organization's proceedures for monitoring the use of its grants and other assistance outside the United States. 3. Activities per Region. The following Part I, Ime 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of engloyees. agents in the region on the region of in the region of inthe region of a service(a) in the region of the space is needed.) SOUTH AMERICA - AROMINIAN, BOLITIA, BRAZIL, CILLER, O SCATED IN REGION RAZIL, CILLER, COLMBERA, ECUADOR, O S DOCATED IN REGION EANTE TO RECIPIENTS BRENOTHENING, BARANDA, BARANDA, AND THE CARIBBENN - ANTICOUL & BRARUDA, AND THE CARIBBENN - S ACATED IN REGION SRANTE TO RECIPIENTS BRENOTHENING, BARANDA, AND THE CARIBBENN - ARURA, BARANDA, AND THE CARIBBENN - S DOCATED IN REGION SRANTENTION STRENOTHENING, BARANDA, AND THE CARIBBENN - ANTICOUL & BRARUDA, AND THE CARIBBENN - S DOCATED IN REGION SRANTENTION STRENOTHENING, BARANDA, AND THE CARIBBENN - S DOCATED IN REGION 3 a Su				tside the United States Comp	ete if the oraar		
the grantees' eligibility for the grants or assistance, and the selection oriteria used to award the grants or assistance? Yes X N 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (9) Number of (0) Number of (0) Number of (0) Number of (0) Proceedures in the region of					ete il tile orgal		
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (b) Number of Gilds, other grant gilds, other gilds, other grant gilds, other gil			n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of office and independent	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes X No
(a) Region (b) Number of offices in the region (c) Number of offices in the region (c) Number of offices agents, and independent on the region (d) Activities conducted in the region (by type) (such as, fundraising, pro- trecipients located in the region) (e) I activity listed in (d) is a program service, describe specific type aservices (in the region) (f) Total expenditue in the region SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAULL, CHILE, COLUMBIA, EXCUADOR, O S 0 South of the region (a) Activities conducted in the region (b) Number of the region (b) Number of the region SOUTH AMERICA - COLUMBIA, EXCUADOR, THE CARIBBEAN - ANTIGUA & BRAUDA, ARUBA, BAHAMAS, 0 SocATED IN REGION SENTROMENEND, SRANTS TO RECIPIENTS STRENOTHENING, DEANNEMENT FLANNING, SRANTS TO RECIPIENTS STRENOTHENING 951,19 ARUBA, BAHAMAS, ARUBA, BAHAMAS, 0 3 COATED IN REGION STRENOTHENING 249,95 Image: Composition of the region 1,201,95 Image: Composition of the region 1,201,95 Image: Composition of the region	•	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistanc	e outside the
offices in the region offices in the region offices in the region (by type) (such as, functinating, pro- tor and incontractors in the region is a program service, describe specific type of service(s) in the region explanditure for and investment; assumption SOUTH AMERICA - ARCENTINA, BOLIVIA, BRAZIL (FILE, COLUMBIA, ECUADOR, COLUMBIA, EAUDOR, COLUMBIA, EAUDOR	3 Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is	needed.)		
ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMEIA, BCUADOR, COLUMEIA, BAREUDA, ANTIGUA AB BARBUDA, ANTIGUA AB BARBUDA, ANTIGUA ABARBUDA, ANTIGUA ABARBUDA, ANUBA, BAHAMAS, 0 5 LOCATED IN REGION DRGANIZATIONAL SINTERVIENT MONITORING BANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL BRANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL BRANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL BRANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL BRANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL BRANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL BRANTS TO RECIPIENTS STRENGTHENING, DRGANIZATIONAL STRENGTHENING, D	(a) Region	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro describe	gram service, e specific type	expenditures for and investments
BRAZIL, CHILE, COLUMEIA, ECUADOR, 0 5 COCATED IN RECIPIENTS STRENGTHENING, INVIRONMENTAL MONITORING 951,19 CHIVELA MARRICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ANTIGUA & BARBUDA, 0 3 IOCATED IN REGION STRENGTHENING 249,95 ANTIGUA & BARAMAS, 0 3 IOCATED IN REGION STRENGTHENING 249,95 Image: Strength Strengt Strengt Strength Strength Strength Strength Strengt Strength St	SOUTH AMERICA -				LAND TITLIN	1G ,	
COLUMBIA, ECUADOR, 0 5 LOCATED IN REGION ENVIRONMENTAL MONITORING 951,19 CENTRAL AMERICA AND LAND TITLING, LAND MANAGEMENT PLANNING, ORGANZIATION STRENGTHENING 249,95 ARUBA, BAHAMAS, 0 3 LOCATED IN REGION STRENGTHENING 249,95 ARUBA, BAHAMAS, 0 3 LOCATED IN REGION STRENGTHENING 249,95							
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 3 LOCATED IN REGION STRENGTHENING 249,95 CARIENT CONTRACTOR CONTRACTINA CONTRACTO			_			,	TNG 051 109
THE CARIBBEAN - ANTIGUA & BARBUDA, ANTIGUA & BARBUDA, ANUBA, BAHAMAS, NAMAGEMENT PLANNING, BRANTS TO RECIPIENTS STRENGTHENING 249,95 Image: Constraint of the strength of the strengt of the strength of the strength of the strength of the strength o		0	5	LOCATED IN REGION			ING 951,198.
ANTIGUA & BARBUDA, ARUBA, BAHAMAS, 0 3 COATED IN REGION STRENOTHENING 249,95							
3 a Sub-total 0 8 1,201,15 b Total from continuation sheets to Part 1 0 0 1,201,15	ANTIGUA & BARBUDA,			GRANTS TO RECIPIENTS		,	
b Total from continuation sheets to Part I 0 0 c Totals (add lines 3a Image: Control of the state of th	ARUBA, BAHAMAS,	0	3	LOCATED IN REGION	STRENGTHEN	ING	249,959.
b Total from continuation sheets to Part I 0 0 0 c Totals (add lines 3a							
and 3b) 0 8 1,201,15	 b Total from continuation sheets to Part I c Totals (add lines 3a 	0	0				1,201,157. 0. 1,201,157.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

201

732071 10-06-17

16161107 759420 8392

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)
		CENTRAL AMERICA	LAND TITLING, LAND					
		AND THE CARIBBEAN	MANAGEMENT PLANNING,					
		- ANTIGUA &	ORGANIZATION					
		BARBUDA, ARUBA,	STRENGTHENING	67,117.	WIRE	٥.		
		CENTRAL AMERICA	LAND TITLING, LAND					
		AND THE CARIBBEAN	MANAGEMENT PLANNING,					
		- ANTIGUA &	ORGANIZATION					
		BARBUDA, ARUBA,	STRENGTHENING	74,450.	WIRE	٥.		
		SOUTH AMERICA -	ENVIRONMENTAL					
		ARGENTINA,	MONITORING ,					
		BOLIVIA, BRAZIL,	ORGANIZATIONAL					
		CHILE, COLUMBIA,	STRENGTHENING, LAND	92,000.	WIRE	٥.		
		CENTRAL AMERICA	LAND TITLING, LAND					
		AND THE CARIBBEAN	MANAGEMENT PLANNING,					
		- ANTIGUA &	ORGANIZATION					
		BARBUDA, ARUBA,	STRENGTHENING	85,800.	WIRE	0.		
		SOUTH AMERICA -	ENVIRONMENTAL					
		ARGENTINA,	MONITORING,					
		BOLIVIA, BRAZIL,	ORGANIZATIONAL					
		CHILE, COLUMBIA,	STRENGTHENING, LAND	431,713.	WIRE	0.		
		SOUTH AMERICA -	ENVIRONMENTAL					
		ARGENTINA,	MONITORING,					
		BOLIVIA, BRAZIL,	ORGANIZATIONAL					
		CHILE, COLUMBIA,	STRENGTHENING, LAND	124,283.	WIRE	0.		
		SOUTH AMERICA -	ENVIRONMENTAL					
		ARGENTINA,	MONITORING,					
		BOLIVIA, BRAZIL,	ORGANIZATIONAL					
		CHILE, COLUMBIA,	STRENGTHENING, LAND	102,000.	WIRE	0.		
		CENTRAL AMERICA	LAND TITLING, LAND					
		AND THE CARIBBEAN	MANAGEMENT PLANNING,					
		- ANTIGUA &	ORGANIZATION					
		BARBUDA, ARUBA,	STRENGTEHNING	20,000.	WIRE	0.		

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2017

Schedule F (Form 990)	RAINF	OREST FOUNDA	TION, INC.		95-16	22945		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ARGENTINA,	ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND	27,037.	WIRE	0.		

95-1622945

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.

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)

Schedule F (Form 990) 2017

Part IV	Foreign Form	S		
Schedule F	(Form 990) 2017	RAINFOREST	FOUNDATION,	INC.

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

Schedule F (Form 990) 2017

732074 10-06-17

Schedule F (Form 990) 2017 RAINFOREST FOUNDATION, INC.

 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:

RFUS PROGRAM STAFF MONITORS THE USE OF GRANT FUNDS THROUGH SITE VISITS,

CONSTANT COMMUNICATIONS, AND REVIEWS OF INTERIM AND FINAL NARRATIVE AND

FINANCIAL REPORTS. DURING SITE VISITS, RFUS PROGRAM STAFF ALSO ASSESS

PARTNERING ORGANIZATIONS' ACCOUNTING PRACTICES, AND EVALUATE ACTIVITIES

TAKING PLACE WITH GRANT FUNDS.

PART II, COLUMN (D):

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING , ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

 STRENGTHENING, LAND MANAGEMENT PLANNING

 732075 10-06-17
 Schedule F (Form 990) 2017

 35

 16161107 759420 8392
 2017.04030 RAINFOREST FOUNDATION, INC. 8392_1

Schedule F (Form 990) 2017 RAINFOREST FOUNDATION, INC.

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.

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

732075 10-06-17

SCHEDULE G	Suppleme	ntal Information Regarding	Eup	draid	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on					2017
Department of the Treasury Internal Revenue Service	c	organization entered more than \$1 ▶ Attach to Form 990 ▶ Go to www.irs.gov/Form990) or Fo	rm 99	0-EZ.		Open to Public Inspection
Name of the organization				o iuto			dentification number
Part I Fundraisir		EST FOUNDATION, IN Complete if the organization answe		(00" 0	n Form 000 Dart IV	95-162	
	omplete this par		erea r	es o	n Form 990, Part IV,	ine 17. Form 990	-EZ mers are not
 a X Mail solicitatio b X Internet and e c X Phone solicita d X In-person solic 2 a Did the organization 	ns mail solicitations tions sitations have a written o		tion of tion of fundra	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru:	stees, or	/es 🗌 No
		viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fundraiser is t	o be
compensated at leas	of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
HANSON DEVELOPMENT C			Yes	No			
- 195 DAVISON AVE, I	JYNBROOK ,	SEE SUPPLEMENTAL INFO		X	0.	27,10	-27,100.
Total						27,10	027,100.
 List all states in which or licensing. 	n the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is exempt fror	n registration
NY							
	hundling A -4 bit it		000 -	000	-7 /	abadula O (E	- 000 ex 000 EZ 0012
-		ice, see the Instructions for Form FOR CONTINUATIONS	କଳମ or	990-1	EZ. 8	ocneaule G (Forr	n 990 or 990-EZ) 2017
732081 09-13-17			37				

Part I	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fullar along over to of this allo and gro			e evente with groop recei	010 groater than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
6	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Pa	11 rt	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d)	000 Dart IV line 10 a		
1 4		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, iiile 19, 0	r reported more than	
a		• · · · · · · · · · · · · · · · · · · ·	(a) Ringo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))
Rev		-				
	1	Gross revenue				
s	2	Cash prizes				
esue						
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %		
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
	-		,,,,,,,			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac		states?		Yes No
α	П.,	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the ta	x year?	. Yes No
b	lf "'	Yes," explain:				
73208	32 09	9-13-17			Schedule G (Fo	rm 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 RAINFOREST FOUNDATION, INC. 95-	162294	5 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:	103	
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
~	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:		
U			
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
d	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III. 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, lines 9, 9b,	10b, 15b,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	BS:	
<u></u>			
(I) NAME OF FUNDRAISER: HANSON DEVELOPMENT CONSULTING		
<u>`</u>			
(I) ADDRESS OF FUNDRAISER: 195 DAVISON AVE, LYNBROOK, NY 11563		
sc	HEDULE G PART I		
	TIVITY: DONOR PROSPECT RESEARCH, PROPOSAL WRITING, CULTIVATIO	N OF	
	NOR PROSPECTS AND WRITING DONOR COMMUNICATIONS.		
00	MON INODIACID AND WRITING DONOR COMMUNICATIONS.		
73208	33 09-13-17 Schedule G (For 39	rm 990 or 99	0-EZ) 2017

 39

 16161107 759420 8392

 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

1	Dort IV	Supplemental	nformation (continued)		
		(Form 990 or 990-EZ)		FOUNDATION,	INC

Supplemental mormation (continued)		
		Schedule G (Form 990 or 990-EZ)
732084 04-01-17	40	

SCHEDULE J (Form 990)		Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		OMB No. 1545-0047		
Dena	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			Open to Public		ic
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			•	ction		
•				r identification number		
RAINFOREST FOUNDATION, INC. 95-1622945						
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for com					
	Tax indemnification and gross-up payments					
	Discretionary spending account					
h. If any of the bayes on line to are absolved, did the exception follow a written policy recording a synaptic of						
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	le dia ata webia la lifa		ation la			
3						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee					
	Independent compensation consultant					
		ther organizations Approval by the board or compensation	committee			
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a related organization:					
а				4a		X
b						X
с	c Participate in, or receive payment from, an equity-based compensation arrangement?					X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the r	net earnings of:				
а	The organization?	-		6a		Х
		ation?				Х
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	ts			
	not described on lines 5 and 6? If "Yes," describe in Part III					X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	ד 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forr	n 990) 2017

16161107 759420 8392

Schedule J (Form 990) 2017

95-1622945

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	
(1) SUZANNE PELLETIER	(i)	125,000.	0.	0.		29,914.	154,914.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2017

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.

Schedule J (Form 990) 2017

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.

OMB No. 1545-0047

Employer identification number 95 - 1622945

RAINFOREST FOUNDATION, INC.

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

AND PROMOTE HUMAN RIGHTS.

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

COMMUNITY ENVIRONMENTAL MONITORING, AND BUILDING STRONG COMMUNITIES ARE

THE MAIN THEMATIC AREAS OF OUR WORK. BASED IN NEW YORK CITY, THE

RAINFOREST FOUNDATION US PROVIDES MODEST AMOUNTS OF FUNDING AS WELL AS

TECHNICAL SUPPORT ON LEGAL, ADMINISTRATIVE, ADVOCACY, FUNDRAISING AND

COMMUNICATIONS.

IN 2017, RF-US HELPED INDIGENOUS COMMUNITIES TITLE THEIR ANCESTRAL

LANDS; MONITOR AND PROTECT THEIR TERRITORIES FROM ILLEGAL INVASIONS BY

MINING, LOGGING, AND OTHER OUTSIDE INTERESTS; AND BUILD PARTICIPATORY

MANAGEMENT PLANS. RF-US ALSO PRODUCED REPORTS THAT SUPPORTED OUR

PARTNERS IN BOTH ADVOCACY AND COMMUNITY DEVELOPMENT EFFORTS, AND

SUPPORTED COMMUNICATIONS AROUND THE CRITICAL ROLE THAT INDIGENOUS

PEOPLES PLAY IN MITIGATING CLIMATE CHANGE.

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

DRAFTS OF THE COMPLETED RETURNS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCIAL DIRECTOR. THE FINAL DRAFT IS SUBMITTED TO THE FINANCE AND EXECUTIVE COMMITTEE FOR ITS REVIEW AND APPROVAL. ONCE THE COMMITTEE HAS COMPLETED ITS REVIEW, COPIES OF THE RETURNS ARE PROVIDED TO ALL BOARD MEMBERS FOR FINAL REVIEW AND APPROVAL BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

 ALL
 BOARD
 MEMBERS
 COMPLETE
 AN
 ANNUAL
 CONFLICT
 OF
 INTEREST
 STATEMENT
 WHICH

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization RAINFOREST FOUNDATION, INC.	Employer identification number $95 - 1622945$
ACKNOWLEDGES THAT EACH INDIVIDUAL HAS DISCLOSED ANY POTEN	TIAL CONFLICT OF
INTEREST; RECEIVED A COPY OF THE CONFLICT OF INTEREST POL	ICY; AND READ,
UNDERSTOOD AND AGREED TO COMPLY WITH THE CONFLICT OF INTE	REST POLICY. EACH
YEAR PRINCIPAL OFFICERS, KEY EMPLOYEES AND/OR COMMITTEE M	EMBERS ARE ASKED
TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST WHE	N AND IF THEY
ARISE AND SIGN AN UPDATED CONFLICT OF INTEREST STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	

THE BOARD DEVELOPS A COMPARATIVE BASE FOR THE EVALUATION OF EXECUTIVE COMPENSATION THAT APPROXIMATES OUR ORGANIZATION. THIS IS THEN REVEIWED BY THE BOARD IN DETERMINATION OF ANY ANNUAL SALARY ADJUSTMENTS FROM THE PERSPECTIVE OF MARKET COMPETITIVENESS AND PRIOR YEAR PERFORMANCE.

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN THE PRESCRIBED TIME FRAMES

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
MACHINERY & EQUIPMENT														
COMPUTER EQUIPMENT	VARIOUS	SL	5.00		16	27,268.				27,268.	20,085.		1,864.	21,949.
COMPUTER SOFTWARE	VARIOUS	SL	3.00		16	10,221.				10,221.	10,221.		0.	10,221.
MACHINERY & EQUIPMENT						37,489.				37,489.	30,306.		1,864.	32,170.
* GRAND TOTAL 990 PAGE 10 DEPR						37,489.				37,489.	30,306.		1,864.	32,170.
(MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT VARIOUS SL 5.00 16 27,268. COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT COMPUTER EQUIPMENT VARIOUS SL 5.00 16 27,268. COMPUTER SOFTWARE * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT * GRAND TOTAL 990 PAGE 10	MACHINERY & EQUIPMENT VARIOUS SL 5.00 16 27,268. 27,268. 27,268. 20,085. 1,864. COMPUTER SOFTWARE VARIOUS SL 3.00 16 10,221. 10,221. 10,221. 10,221. 0. * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT SL 3.00 16 10,221. 37,489. 37,489. 37,489. 37,489. 30,306. 1,864.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

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

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

				Enter file	er's identifyi	ng number		
Type or print	Name of exempt organization or other filer, see inst	ructions.		Employe	r identificatio	on number (EIN) or		
	RAINFOREST FOUNDATION, INC	RAINFOREST FOUNDATION, INC.						
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, 1000 DEAN STREET, SUITE 43	, see instruc 3 0	tions.	Social se	curity numb	er (SSN)		
instructions	City, town or post office, state, and ZIP code. For a BROOKLYN, NY 11238	foreign add	Iress, see instructions.					
Enter the	Return Code for the return that this application is for ((file a separa	ate application for each return)					
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990)-BL	02	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990)-PF	04	Form 5227			10		
Form 990	rm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11		
Form 990	Form 990-T (trust other than above) 06 Form 8870					12		
 If this box 1 I reform 	organization does not have an office or place of busine is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for th X calendar year 2017 or tax year beginning	it Group Exe	emption Number (GEN) ach a list with the names and EINs o MBER 15, 2018 , to file on's return for:	f this is fo f all memb	r the whole g ers the exte	group, check this nsion is for.		
	· · · · · · · · · · · · · · · · · · ·				·			
2 If t	he tax year entered in line 1 is for less than 12 months, Change in accounting period	, check reas	on: Initial return	Final retur	n 			
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069,	enter the tentative tax, less any					
no	nrefundable credits. See instructions.			3a	\$	0.		
b lft	his application is for Forms 990-PF, 990-T, 4720, or 606	69, enter an	y refundable credits and					
est	timated tax payments made. Include any prior year ove	erpayment a	llowed as a credit.	3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your		, , ,			0		
	using EFTPS (Electronic Federal Tax Payment System			3c	\$	0.		
Caution: instructio	If you are going to make an electronic funds withdraw ons.	al (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment		
LHA F	or Privacy Act and Paperwork Reduction Act Notic	e, see instr	uctions.		Form 8	868 (Rev. 1-2017)		

16161107 759420 8392

TAXABLE YEARCalifornia Exempt Organization2017Annual Information Return

2	201	7	Annual Ir	nformatio	on Return	1						199
Calenda	r Yea	r 2017	⁷ or fiscal year beginning (r	nm/dd/yyyy)			, and e	ending (m	1m/dd/yyy	/у)		
Corpora	tion/O	rganiza	tion name						Cali	fornia corpo	oration	number
			ST FOUNDATIO	N, INC.						1622	945	
Addition	nal info	ormatio	n. See instructions.						FE		<	045
Street a	ddrees	e (euite	or room)							95-1 PMB no.	0 4 4	945
			N STREET, SU	ፐጥ ፑ 430						T WID NO.		
City		- 11 11		110 450				s	state	ZIP code		
BROO	OKL	JYN							NY	1123	8	
Foreign	countr	ry name	9		Foreign province/stat	te/county				Foreign p	ostal co	ode
						_						
	t Reti				Yes X No							
			rn		Yes X No							• Yes X No
			047(a)(1) trust	L	Yes [<u>X</u>] No							701g? • Yes X No
D Fina			on Return?				s," enter the	•	•			
-		Dissol	ved Surrendered (Wit	thdrawn) L Me	rged/Reorganized		anization is neets the fil					
			ing method: (1) Cash	(2) X Accruci	(3) Other		required.	-				
			filed? (1) ● 990T(2) ●	<u> </u>	<u> </u>	M Is the	e organizatio	on a Limite	ed Liabilit	v Compa	 1∨ ?	• Yes X No
			990 series	00011 (1)	00(000)		ne organizat					
			filing? See instructions	•		repor	t taxable ind	come?				• Yes X No
H Ist	his or	ganiza	ation in a group exemption		Yes 🗴 No	0 Is the	e organizatio	on under a	audit by tl	he IRS or	has th	le
۱f "۱	/es," v	what is	s the parent's name?			IRS a	udited in a	prior year	?			• Yes X No
							leral Form 1					Yes X No
		-	ation have any changes to			Date	filed with IR	RS				
Part			the FTB? See instructions ete Part I unless not requi		Yes X No		R and C					
Fait	<u> </u>		Gross sales or receipts fro							•	1	13,920.00
		2	Gross dues and assessm	ents from member	's and affiliates					•	2	00
_		3	Gross contributions, gifts	, grants, and simil	ar amounts receive	d			STMT	1•	3	2,230,929.00
Rece	•	4	Gross contributions, gifts Total gross receipts for filing r This line must be completed.	equirement test. Add If the result is less that	line 1 through line 3. In \$50,000, see Gener	al Informatio	n B			•	4	2,244,849. ₀₀
an Rever		5	Cost of goods sold Cost or other basis, and s				• 5			00		
never	luca	6	Cost or other basis, and s	ales expenses of a	issets sold		• 6	1	2,10	4.00		10.101
		7	Total costs. Add line 5 an								7	12,104.00
		8	Total gross income. Subt			<u>^</u>				_	8	2,232,745.00
Exper	ises	9	Total expenses and disbu								9 10	$2,313,145{00}$ -80,400{00}
		10	Excess of receipts over ex								11	00,400.00
		12	Total payments Use tax. See General Info								12	00
		13	Payments balance. If line								13	00
Filing	Fee	14	Use tax balance. If line 12								14	00
-		15	Filing fee \$10 or \$25. See								15	10.00
		16	Penalties and Interest. Se								16	00
		17	Balance due. Add line 12	, line 15, and line	16. Then subtract I	ine 11 fror	n the result	and stateme	ents and to		17	10.00
Sign		it is t	r penalties of perjury, I declare t rue, correct, and complete. Dec	laration of preparer (of	ther than taxpayer) is t	based on all	information of	f which prep	parer has a	ny knowled	ge.	owiedge and belief,
Here		Signa	ature			Title	UTIVE	ם ד ח	Date			Telephone
		of off	icer 🕨				Date	DIK	-			● PTIN
		Prep	arer's						Check self-en	nployed		P00154047
Paid			s name									● FEIN
Prepare	er's	(or yo if self	^{ours,} ⊾ LUTZ AND	CARR, C	PAS LLP							13-1655065
Use Onl		empl	oyed) 551 FIFT	H AVENUE	, SUITE	400						● Telephone
		and a	Address NEW YORK	, NY 101	76							212-697-2299
		Мау	the FTB discuss this return	n with the preparer	shown above? Se	e instructi	ons			• X	Yes	No

022 3651174

L

Form 199 2017 Side 1

RAINFOREST FOUNDATION, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

-80,400.

	-	Orean cales on provide from 111			t io (* *		_	-	•	
		Gross sales or receipts from all b						\vdash	1	00 57 aa
	2	Interest						_	2	57.00
.	3	Dividends						-	3	00
Receipts	4							-	4	00
from	5	Gross royalties				сшл		_	5	
Other	6	Gross amount received from sale	e of asse	ts (See Instructions)		CEE CEA	TEMENT 2	-	6	13,772.00
Sources		Other income		• • • • • • •		SEE STA	TEMENT 5 •	_	7	91. ₀₀
	8	Total gross sales or receipts from						-	8	13,920. ₀₀
	9	Contributions, gifts, grants, and	similar a	mounts paid		STA	TEMENT 8	-	_	201,157.00
	10	Disbursements to or for member	rs						0	
	11	Compensation of officers, directo							1	154,914.00
_	12	Other salaries and wages						-	2	421,800. ₀₀
Expenses	13	Interest							3	00
and	14	Taxes						-	4	43,777. ₀₀
Disburse-	15	Rents					•	-	5	71,402.00
ments	16	Depreciation and depletion (See	instructi	ons)			•	-	6	1,864.00
	17	Other Expenses and Disburseme	ents			SEE STA	TEMENT 5 \bullet	-	7	418,231.00
	18		nts. Add							313,145.00
Schedu	le L	Balance Sheet		Beginning of	taxab	•		1 01	taxable ye	
Assets				(a)		(b)	(C)			(d)
1 Cash						235,203.			•	565,173.
		s receivable							•	
		ceivable							•	
4 Invento	ories _.								•	
		state government obligations							•	
6 Investr	ments	in other bonds							•	
7 Investr	ments	in stock							•	
8 Mortga									•	
9 Other i	nvesti	ments STMT 6				18,164.		-	•	794.
10 a Dep	reciab	le assets		37,489.			37,48	39.	•	
		mulated depreciation	(30,306.)		7,183.	(32,170).)	5,319.
11 Land									•	
12 Other a	assets	STMT 7				741,280.			•	386,238.
13 Total a	assets	·				1,001,830.				957,524.
Liabilities	and n	et worth								
14 Accour	nts pa	yable				37,371.			•	74,689.
15 Contrib	oution	s, gifts, or grants payable							•	
16 Bonds	and n	iotes payable							•	
17 Mortga	ages p	ayable							•	
18 Other I	iabiliti	es								
19 Capital	l stock	or principal fund							•	
		tal surplus. Attach reconciliation							•	
21 Retaine	ed ear	nings or income fund				964,459.			•	882,835.
22 Total I	iabilit	ties and net worth				1,001,830.				957,524.
Schedu	le N	1-1 Reconciliation of income Do not complete this sched				e 13 column (d) is los	s than \$50 000			
1 Net inc	ome i	per books				7 Income recorded				
2 Federa				• • • • • •		not included in th	-		•	
		pital losses over capital gains	·····			8 Deductions in thi				
		recorded on books this year					ome this year		•	
		corded on books this year not	····· F			9 Total. Add line 7				
		this raturn	E.			10 Not income per r			··	

deducted in this return

6 Total. Add line 1 through line 5

022

-80,400.

•

10 Net income per return.

Subtract line 9 from line 6

_

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
CLIMATE AND LAND USE ALLIANCE	235 MONTGOMERY ST., 13TH FLOOR SAN FRANCISCO, CA 94104	12/12/17	425,000.	
RAINFOREST FUND, INC.	420 LEXINGTON AVENUE RM 1710 NEW YORK, NY 10170	12/19/17	141,630.	
ALEXANDER SOROS FOUNDATION	224 WEST 57TH STREET NE WYORK NY 10019 NEW YORK, NY 10106	12/06/17	119,800.	
THE NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION	BYGDOY ALLE 2, OSLO, NORWAY	01/01/17	863,634.	
UNIVERSITY OF CALIFORNIA, BERKELEY	113 MOSS HALL BERKELEY, CA 94720	06/01/17	203,220.	
FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS	VIALE DELLE TERME DI CARACALLA, ROME, ITALY	06/30/17	70,000.	
WORLD RESOURCES INSTITUTE	10 G STREET NE SUITE 800 WASHINGTON , DC 20002	06/01/17	48,695.	

TOTAL INCLUDED ON LINE 3

1,871,979.

=

CA 199 GROSS AM	OUNT FROM SAL	E OF ASSETS	S	TATEMENT 2
DESCRIPTION		TE DAT IRED SOL	D ACQ	THOD UIRED CHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	12,104.	0.	0.	13,772.
TOTAL TO FORM 199, PAGE 2, LN 6	12,104.	0.	0.	13,772.
CA 199	OTHER INCOM	E	S'	TATEMENT 3
DESCRIPTION				AMOUNT
MISCELLANEOUS REVENUE				91.
TOTAL TO FORM 199, PART II, LINE	: 7			91.

RAINFOREST FOUNDATION, INC.

_

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 4
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOHN COPELAND 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	CHAIRMAN 1.00	0.
TODD CRIDER 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	VICE CHAIRMAN 1.00	0.
BRETT ODOM 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	TREASURER 1.00	0.
ROBERT CURRAN 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
JENNY SPRINGER 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
VERONIQUE PITTMAN 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
FABRIZIO CHIESA 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
CHRISTINE LELONG 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
LARS VON BENNIGSEN 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
ANN COLLEY (THRU 3/1/2017) 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	BOARD MEMBER 1.00	0.
SUZANNE PELLETIER 1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238	EXECUTIVE DIRECTOR 40.00	154,914.
TOTAL TO FORM 199, PART II, LINE 11		154,914.

=

=

CA 199

DESCRIPTION

SECURITY DEPOSIT

PLEDGES AND GRANTS RECEIVABLE

PREPAID EXPENSES AND DEFERRED CHARGES

TOTAL TO FORM 199, SCHEDULE L, LINE 12

END OF YEAR

370,865.

1,873.

13,500.

386,238.

DESCRIPTION			AMOUNT
PROGRAM EXPENSES MISCELLANEOUS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES PROFESSIONAL FUNDRAISING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE TOTAL TO FORM 199, PART II, LI	NF: 17		199,154 4,449 42,755 255 51,644 27,100 10,185 3,232 37,516 800 39,296 1,845
CA 199	OTHER INVESTMENTS	5	STATEMENT
DESCRIPTION		BEG. OF YEAR	END OF YEAR
OTHER PUBLICLY TRADED SECURITI	IES	18,164.	794
TOTAL TO FORM 199, SCHEDULE L,	LINE 9	18,164.	794
CA 199	OTHER ASSETS		STATEMENT

OTHER EXPENSES

STATEMENT 5

BEG. OF YEAR

722,309.

5,471.

13,500.

741,280.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AMERINDIAN PEOPLES ASSOCIATION	1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	431,713
ACTIVITY CLASSIFICATI	TOTAL FOR THIS ACTIVITY		431,713
	 NAGEMENT PLANNING, ORGANIZATIO	ON STRENGTHENING	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CONGRESO GENERAL DE TIERRAS COLECTIVAS E	 1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	67,117
ACTIVITY CLASSIFICATI	TOTAL FOR THIS ACTIVITY		67,117
LAND TITLING, LAND MA	 NAGEMENT PLANNING, ORGANIZATIO	ON STRENGTHENING	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CONGRESO NACIONAL DEL PUEBLO WOUNAAN	 1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	74,450

CASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 8

AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION

_

CA 199

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
AMERINDIAN PEOPLES	1000 DEAN STREET, SUITE 430	NONE	
ASSOCIATION	- BROOKLYN, NY 11238		431.713.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CONGRESO GENERAL DE	1000 DEAN STREET, SUITE 430	NONE	
TIERRAS COLECTIVAS E	- BROOKLYN, NY 11238		67,117.

TOTAL FOR THIS ACTIVITY

ACTIVITY CLASSIFICATION

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EJECUTOR DEL CONTRATO DE DE		NONE	
ADMINISTRACI			92,000.

TOTAL FOR THIS ACTIVITY

ACTIVITY CLASSIFICATION

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FOREST PEOPLES	1000 DEAN STREET, SUITE 430	NONE	
PROGRAMME	- BROOKLYN, NY 11238		124,283.

TOTAL FOR THIS ACTIVITY

ACTIVITY CLASSIFICATION

LAND TITLING, LAND MANAGEMENT PLANNING, ORGANIZATION STRENGTHENING

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
COORDINADORA NACIONAL DE MUJERES	1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	
INDIGE			20,000.

95-1622945

74,450.

92,000.

124,283.

TOTAL FOR THIS ACTIVITY

ACTIVITY CLASSIFICATION

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NATIONAL COORDINATING BODY OF	1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	
THE INDIGE			85,800.

TOTAL FOR THIS ACTIVITY

ACTIVITY CLASSIFICATION

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ORGANIZACION REGIONAL AIDESEP	1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	
UCAYALI			27,037.

TOTAL FOR THIS ACTIVITY	27,037.
-------------------------	---------

ACTIVITY CLASSIFICATION

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SOUTH CENTRAL PEOPLES'S	1000 DEAN STREET, SUITE 430 - BROOKLYN, NY 11238	NONE	
DEVELOPMENT ASSO			102,000.

20,000.

007.

85,800.

102,000.

TOTAL FOR THIS ACTIVITY

ACTIVITY CLASSIFICATION

ENVIRONMENTAL MONITORING, ORGANIZATIONAL STRENGTHENING, LAND MANAGEMENT

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CIR INDIGENOUS	1000 DEAN STREET, SUITE 430	NONE	
COUNCIL OF RORAIMA	- BROOKLYN, NY 11238		4,010.

TOTAL FOR TH	IS ACTIVITY	4,010.
TOTAL INCLUDED ON FORM 199, PART I	I, LINE 9	1,028,410.

Name to a form 100 wr. PCRM 199 PELN 95-1622945 California corporation number California corporation number 1622945 Part II Becton To Express Carlia Property Used In service 1 2800000 1 Maximum dicktorian model IRG Section 179 property placed In service 1 2800000 3 Threshold cost of IRC Section 179 property backed in service 1 2800000 4 Nackation in Intraduo for travable year. 10 [Cast Unkness use only] (c) Electric design of the section 179 property. Add amounts in column (c), line 6 and line 7 8 6 10 [Cast Unkness use only] (c) Electric design of the section 179 property. Add amounts in column (c), line 6 and line 7 8 9 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7 10 11 20 7 Listed property (elected IRC Section 179 property. Add amounts in column (c), line 6 and line 7 10 10 11 11 Bachesis lacone of initiation. Line the smaller of basines income (on line 1 and line 20 line 1 and line 20 line 1 and line 20 line 20 10 11 12 Graspoor of disabored deduction from or line 20 line 1 and line 30 line 10 line 11 and line 30 line 10 line 31 line 30 line 30 line 10 line 11 and line 30 line 10	TAXABLE YEARCo2017an	orporati d Amor	on Depi	reciatio	on						CALIFORN	IIA FORM 885
Corporation name California corporation number CALINFOREST FOUNDATION, INC. CALIFOREST FOUNDATION, INC. CALIFOREST FOUNDATION, INC. CALIFORE Catain Property Mader IRC Section 179 1 Electrication to define Catain Property balance relation in limitation California corporation number California corporation number California corporation number 1 Electrication in limitation. 2 Instructure discriming the section 178 for California 2 Instructure discriming the section 178 record instructure 3 Restructure to Descrim 179 reporty balance relation in limitation 4 Restructure to Descrim 179 reporty balance relation in limitation 4 Restructure to Descrim 179 reporty balance relation in limitation 4 Restructure to Descrim 179 reporty balance relation in limitation 4 Restructure to Descrim 179 reports phaser reduction in limitation 4 Restructure to Descrim 179 reports 4 Object in the formal inc. 1 Tare or is es, entre -0- 5 Contain initiation for tracked the 3 from line 2. If zero or is es, entre -0- 5 Contain initiation for the formal inc. 1 Tare or is es, entre -0- 5 Contain initiation form the section 179 costs) 5 Internation former than the section 179 costs) 5 Internation former thanks from the section 179 costs 5 Internation former than the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks from the section 179 costs 5 Internation former thanks 5 Internation 5 Internation former thanks 5 Internation 5 Internation						199			F	EIN		
RAINFOREST FOUNDATION, INC. 1622945 Part I Election To Expense Certain Property Meter IRO Section 179 for California 1 1 Maximum distriction under IRO Section 179 for California 2 3 Thershold cost of IRO Section 179 property debits rescuence on electron instantian 1 4 Electron in Initiation for trackly exar. Subtract line 4 from line 1. If zero or less, enter -0- 5 5 Oblig minimation for trackly exar. Subtract line 4 from line 1. If zero or less, enter -0- 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property (cliented IRO Section 179 cost) Z 8 9 9 Tractack detaction. Finds the small or of line 3 line 10, but a control the column (c), line 6 and line 7 8 9 9 Tractack detaction. Finds the small or of line 3 line 10, but a control the column (c), line 6 and line 7 10 11 12 ICO Section 179 cost) 11 12 12 13 Part II Deprecision and Electron of Additional First Var Deprecision Deduction Under RATC Section 2456 11 12 12 ICO Section 179 cost) 10, 221. 10, 221. SL 5.00 1, 864. Part II Deprecision and Electron of Additional First Var Deprecision Deduction Under RATC Section 2456 11 16	Corporation name	10011.							-			
Part Election To Express Carbin Property ladect in RC Section 179 1 3 1 Maximum disculation under HO Section 179 property glaced in service 1 2 2 3 Threshold cast of IRC Section 179 property glaced in service 1 3 \$200,000 4 Hoadcons in instantion. 3 \$200,000 4 4 5 Obtain instantion. Subtract line 4 from line 1. If zero tess, enter -0- 4 5 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 9 7 Listed property (dected IRC Section 179 property data of the So time 8 9 9 9 9 Totatione deduction. Enter the smaller of business income (not less than zero) or line 5 11 12 12 RC Section 178 property data data on to Dust does allower on the taxable wate: 13 11 12 RC Section 178 property data data on to Dust doe allower on the taxable wate: 13 12 13 Carrayore of distanded dectaction to Add line 3 and line 10, business income (not less than zero) or line 5 11 12 14 I COMPUTER EQUT PMENT Coll Add line 3 and line 10, business income (not less than zero) or line 12 13 0 15 Add lines 4 and line 10, 221, 10, 221, SL 3, 00 0, 1, 864, 1 14												
1 Maximum detaction under IRC Section 179 programy backs in service 1 1 355,000 2 Trans tots IRC Section 179 property backs in service 2 2 3 \$520,000 3 Thershold cast of IRC Section 179 property backs in service 2 3 \$520,000 4 4 Production in Initiation. Soluta initiation to tradie years. Soluta initiation to the soluta initiation. Soluta initiation to the soluta initiation. Soluta initiation to the soluta initiation. Soluta initiation to tradie years. Soluta initiation to the soluta initiation. Soluta initiation. Soluta initiation. Soluta initiation initiation. Soluta initiatiatinitinitiatiation. Soluta initiation. Soluta initiatiniti	RAINFOREST FO	OUNDATI	ON, INC	•							162294	5
2 1 Cold cost of IRC Section 179 apperty placed in service 3 Fortesheld cost of IRC Section 179 apperty before relation in limitation 4 Reduction in limitation. Structure 3 from line 2. If any or less, enter -0 5 Dollar limitation for taxable years. Subtract line 3 from line 1. If zero or less, enter -0 7 Listel property (decided IRC Section 179 cost) 7 Listel property (decided IRC Section 179 property, and anounts in column (c), line 6 and line 7 9 Iordine deduction. First the smaller of line 3 or line 8 9 Controver of disallowed deduction from prior taxable years 10 Controver of disallowed deduction from prior taxable years 11 12 ICC Section 179 apperts deduction from the 1, but do not enter more than ine 1 12 ICC Section 179 apperts did line 10, liss line 10, liss line 11 12 ICC Section 179 apperts did line 10, liss line 10 13 Impact line 11 14 I COMPUTER EQUIPMENT 14 I COMPUTER EQUIPMENT 14 I COMPUTER EQUIPMENT 14 I COMPUTER SUPER Section 2456 15 Add the announds in column (h) approximation of line 12, line 1, get 4 10 Computer line 10, get 10, 221, 10, 221, SL 3, 0, 0, 0, Information 15 Add the samalien 15, column (h) approximation 11 16 I, get 4 17 I, get 4												
3 Threshold cost of IRG Section 179 property dorper reduction in limitation 3 3 \$200,000 4 Relaction in limitation Subtract line 4 from line 1. If zero or less, enter -0- 4 5 6 0 0 Electronic limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0- 8 7 Listed property (elected IRG Section 179 property. Add amounts in column (c), line 6 and line 7 7 8 9 Totalize decide docs of IRG Section 179 property. Add amounts in column (c), line 6 and line 7 9 9 10 Carryover of disdlowed deduction from prior taxable years 10 11 12 11 Bioaness income and line 3 and line 10, but do not enter more than line 11 12 13 14 12 RCS Section 179 argeness deduction. Add line 9 and line 10, but do not enter more than line 11 13 12 13 12 RCS Section 179 argeness deduction. Add line 9 and line 10, but do not enter more than line 11 13 14 1 COMPUTEX E SQUIP MEME 10 0.0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> 1</td> <td></td> <td>\$25,000</td>										1		\$25,000
4 A deduction in Imitation. Solutate line 3 from line 2. If zero or less, enter -0- 5 Dollar Imitation for travable year. Subtract line 4 from line 1. If zero or less, enter -0 6 6 7 6 7 7 6 7												
5 Dolar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0												\$200,000
(a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property (elected IRC Section 179 cost) 7 7 Listed property (elected IRC Section 179 property. Add arrounts in column (c), line 6 and line 7 7 9 Traitive deduction. Enter the smaller of line 5 or line 8 9 10 10 11 11 Business income limitation. Enter the smaller of business income (on less than zero) or line 5 11 12 ICC Cost or frage expense deduction, Add line 3 and line 10, bus to not enter more than line 11 12 13 Carryover of disallowed deduction to 2018. Add line 3 and line 10, bus to not enter more than line 11 12 14 IC COMPUTER EQUI PMENT 10 11 14 IC COMPUTER SOFTWARE 20, 085. SL 5.00 1, 864. 2 COMPUTER SOFTWARE 30, 306. 15 1, 864. TOTALS 37, 489. 30, 306. 15 1, 864. 16 1, 864. 1, 864. 1, 864. 1, 864. 17 1 1, 864. 1, 864. 1, 864. 17 1 1, 864. 1, 864. 1, 864.										····		
6 7 Listed property (elected IRC Section 179 cost) 7 7 Listed property (elected IRC Section 179 cost) 7 8 8 Total elected cost of IRC Section 179 cost), Add arrouttis in column (c), line 6 and line 7 8 9 10 Carryover of disallowed deduction from prior taxable years 10 10 11 11 Isuanosa stromentimation. Eriter the smaller of thusines income (not less than zuro) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 13 13 Carryover of disalowed deduction to 2018. Add line 8 and line 10, liss sine 12 13 14 12 14 1 COMPUTER EQUI PMEENT 14 14 10, 221. 10, 221. 5.00 1, 864. 2 COMPUTER SOTTWARE 20, 085.SL 5.00 1, 864. 2 COMPUTER SOTTWARE 30, 306. 15 1, 864. 2 TOTALS 37, 489. 30, 306. 15 1, 864. 2 COMPUTER SOTTWARE 17 1, 864. 1, 864. 15 1, 864. 1, 864. 1, 864. <td></td> <td></td> <td></td> <td>e 1. If zero or</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> 5</td> <td></td> <td></td>				e 1. If zero or						5		
7 Listed property (elected IRC Section 179 croperty. Add amounts in column (c), line 6 and line 7 7 8 9 Institute deduction. Enter the smaller of line 5 or line 8 9 10 Carroyer of disallowed deduction from prior taxable years 10 21 Rossin and subwed deduction to 2018. Add line 9 and line 10, but do not enter more than line 11 12 22 ROS Section 179 expense deduction to 2018. Add line 9 and line 10, but do not enter more than line 11 12 21 ROS Section 174 property Opt of 0 0 0 Cost or 0 0 0 0 Tax year of disallowed deduction to 2018. Add line 9 and line 10, less line 12 13 14 21 COMPUTER EQUIPMENT 10 16 17 0 14 1 COMPUTER EQUIPMENT 0		Description of p	property		(b) Cost (b	ousiness use o	nly) (c) Elected o	ost	_		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 11 Business income limitation. Enter the smaller of line 5 0, lines 8 than zero) or line 5 11 12 BC Section 179 vegeness deduction. Add line 9 and line 10, less line 12 13 21 BC Section 179 vegeness deduction to 2018. Add line 9 and line 10, less line 12 13 21 BC Section 179 vegeness deduction to 2018. Add line 9 and line 10, less line 12 13 21 BC Section 179 vegeness deduction to 2018. Add line 9 and line 10, less line 12 13 21 COMPUTER EQUIPMENT 10 21 , 221 , 10 , 221 , SL 5 , 00 1 , 864 , 900 2 COMPUTER EQUIPMENT 10 , 221 , 10 , 221 , SL 3 , 00 0 , 900 15 1 , 864 , 900 21 COMPUTER EQUIPMENT 15 1 , 864 , 900 30 , 306 , 15 1 , 864 , 900 1 , 864 , 900 1 , 864 , 900 22 COMPUTER EQUIPMENT 10 , 221 , 10 , 221 , SL 3 , 00 0 , 1 , 864 , 900 1 , 864 , 900 1 , 864 , 900	6									_		
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 8 9 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 10 Carryover of disallowed deduction for prior toxable years 10 11 Business income limitation. Enter the smaller of line 5 0, line 8 11 12 BiC Section 179 vegness deduction. Add line 9 and line 10, less line 12 13 13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12 13 14 Depreciation and Election of Additional First Vear Depreciation Deduction Inder RATC Section 24356 10 Description property On the basis 0 14 1 COMPUTER EQUIPMENT 10, 221. 10, 221. VARIOUS 10, 221. 10, 221. 3.00 15 Add the amounts in column (p) and column (h). The total of column (h) may not exceed \$2,000. 15 1, 864. 16 Correction add the amounts on line 15, columns (g) and (h), or 16 1, 864. 16 Depreciation diparted to frame and on Form 100 or Form 100W, Side 1, line 6. 11 1, 864. 17 11, 864. 12 1, 864. 12 1, 864. 10 - 221. 10, 221. 15 1, 864. 17 11 - 1, 864 10	7 Listed property (clasted)	IDC Costion 170	(acat)							_		
9 Tentalize deduction. Enter the smaller of line 5 or line 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,				· · · · · · · · · · · · · · · ·					
10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 IGO Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, business in the 2 13 Part II Depreciation and fection of Additional First Year Depreciation Deduction Under RATCS Section 24565 (f) (a) (b) (c) (c) (f) Description property (b) (c) (c) (f) VARIOUS 27, 268. 20, 085. SL 5.00 1, 864. 2 COMPUTER SOFTWARE												
11 Business income limitation. Enter the smaller of business income (not less than 200) or line 5	9 Terralive deduction. Ente	deduction from	nine o un inne o prior taxable ver							9		
12 IRG Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12 13 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under RATC Section 24365 (f) Part II Depreciation and Election of Additional First Year Depreciation Indeer RATC Section 24365 (f) 14 1 COMPUTER EQUIPMENT (g) (h) VARIOUS 27, 268. 20, 085. SL 5.00 1, 864. 2 COMPUTER SOFTWARE 30, 306. 1 (h) (h) TOTALS 37, 489. 30, 306. 1 1, 864. FOTALS 37, 489. 30, 306. 1 1, 864. FOTALS 37, 489. 30, 306. 1 1, 864. FOTALS 37, 489. 30, 306. 1 1 For The corporation is electing: 10, 221. SL 1, 864. 1 For The corporation is electing: 10, 224. SL 1 1, 864. TOTALS 37, 489. G 30, 306. 1 1 For The corporation is electing: 1, 864. 1 1, 864. For To Additional firi												
13 Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12 13 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under Rat's Section 24366 (e) (f) Description property (m) (b) (c) (c) (c) Description property (m) (d) (c) (c) (c) (c) 14 1 COMPUTER EQUIPMENT (c) (c) (c) (c) (c) (c) (c) VARIOUS 27,268. 20,085.SL 5.00 1,864. (c)												
Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24368 Description property Date acquired (mm/dd/yyyy) Cost or other basis (d) (e) (f) Depreciation allowable in earlier years (e) (f) (f) Depreciation rest wars (f) (f) (f) Depreciation rest wars (f) (f) (f) Depreciation rest wars (f) (f) (f) Depreciation rest wars (f) (f) Depreciation rest wars (f) (f) (f) Depreciation rest wars (f) (f) (f) Depreciation rest wars (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)								-		12		
(a) Description property Det acquired (mm/dd/yyyy) (c) other basis (d) Depreciation allowed or allowable in earlier years (e) Method (f) U U (f) Depreciation for this year (h) Depreciation for this year (h) Depreciation depreciation (h) Depreciation for this year (h) Depreciation depreciation (h) Depreciation depreciation (h) Depreciation												
Description property Date acquired (mr/d0/yyyy) Cost or other basis Depreciation allowed or allowable in earlier years Life or method Depreciation (or this year Andmond (or this year 14 1 COMPUTER EQUI PMENT Image: comparison of the property Depreciation of the arrow of the property of the proproperty of the proprecis of the property of the property of the p								(f)			(a)	(h)
(Imm/dot/yyy) outer basis allowable in earlier years Method rate for finits year utery year 14 1 COMPUTER EQUITPMENT	Description property	Date acquire	ed Co	stor	Depreciation	n allowed or		Life		Depre	eciation	Additional
VARIOUS 27,268. 20,085.SL 5.00 1,864. 2 COMPUTER SOFTWARE VARIOUS 10,221. 10,221.SL 3.00 0. VARIOUS 10,221. 10,221.SL 3.00 0. TOTALS 37,489.30,306. 15 1,864. TOTALS 37,489.30,306. 15 1,864. Total: Hte amounts in column (a) and column (b). The total of column (b) may not exceed \$2,000. 15 1,864. Part III Summary 16 1,864. 1,864. 1,864. 16 Total: Hte corporation is electing: 11,864. 1,864. 17 1,864. 17 Total depreciation calumed on the 12 and line 15, column (g): or Additional first year depreciation under R8TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (for depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000 r Form 100W, Side 1, line 6. 16 1,864. 17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000 r Form 100W, side 2, line 12. (If California depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100W, no adjustment is necessary. 18 0. Part IV Amortization Cost or other basis Amortization allowed or allowable in earlier years 16<		(mm/dd/yyy	y) othe	r basis	allowable in (earlier years		rate		for th	lis year	first year depreciation
2 COMPUTER SOFTWARE VARIOUS 10,221. 10,221.SL 3.00 0. VARIOUS 10,221.SL 3.00 0. TOTALS 37,489.30,306. 15 Add the amounts in column (a) and column (b). The total of column (b) may not exceed \$2,000. See instructions for line 14, column (b) TOTALS 15 Add the amounts on line 12 and line 15, column (g); or Additional first year depreciation under R8TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (f) and elevine the amount from line 15, column (g) 17 Total depreciation calimed for federal purposes from federal Form 4562, line 22 17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000, Side 1, line 6. If line 17 is greater than line 16, enter the difference here and on Form 100W, side 1, line 6. Image and the amount form from form 1000 or Form 100W, side 1, line 6. Image and the amount form file form 4562, line 22. 10 On the determine net income before state adjustments on Form 100W, no adjustment is necessary. 18 O cost or other basis Amortization allowed or dimenues and ton form 1	14 1 COMPUT	ER EQUI	PMENT									
VARIOUS 10,221. 10,221. SL 3.00 0. TOTALS 37,489. 30,306.		VARIOU	S 2	7,268.	2	20,085.	SL	5.00)		1,864.	
TOTALS 37,489. 30,306. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 1,864. See instructions for line 14, column (h) 11 1,864. 1,864. Part III Summary 16 1,864. 1,864. 16 Total: If the corporation is electing: IRC Section is made), enter the amount fom line 15, column (g); or Additional first year depreciation under R&IC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal Form 4562, line 22 16 1,864. 17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 17 1,864. 18 Depreciation adjustment ent encome before state adjustments on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100W, Side 2, line 12. (If California depreciation allowable in earlier years 18 0. Part IV Amortization (b) Description of property Date acquired (mm/dd/yyyy) Cost or other basis Amortization allowed or allowable in earlier years 18 Period or percentage Period or percentage 19 10 10 10 10 10 10	2 COMPUT	ER SOFT										
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 1,864. Part III Summary 16 1,864. 18 Total: If the corporation is electing: 16 1,864. 19 Total: If the corporation is electing: 16 1,864. 19 Total: If the corporation is electing: 17 1,864. 19 Total: If the corporation is made, enter the amount form line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (f) no election is made, enter the amount form line 16, column 100 in Form 100 or Form 100 or Form 100 or Form 100 w, Side 1, line 6. 17 1,864. 19 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. Part IV Amortization (b) (c) Amortization allowed or allowable in earlier years R&TC R&TC Period or greater the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. 19 0 Date acquired (mm/dd/yyyy) Cost or other basis Amortization allowed or allowable in earlier years Ret IC Ret		VARIOU	S 1	0,221.	1	10,221.	SL	3.00)		0.	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 1,864. Part III Summary 16 1,864. 18 Total: If the corporation is electing: 16 1,864. 19 Total: If the corporation is electing: 16 1,864. 19 Total: If the corporation is electing: 17 1,864. 19 Total: If the corporation is made, enter the amount form line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (f) no election is made, enter the amount form line 16, column 100 in Form 100 or Form 100 or Form 100 or Form 100 w, Side 1, line 6. 17 1,864. 19 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. Part IV Amortization (b) (c) Amortization allowed or allowable in earlier years R&TC R&TC Period or greater the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. 19 0 Date acquired (mm/dd/yyyy) Cost or other basis Amortization allowed or allowable in earlier years Ret IC Ret												
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 15 1,864. Part III Summary 16 1,864. 18 Total: If the corporation is electing: 16 1,864. 19 Total: If the corporation is electing: 16 1,864. 19 Total: If the corporation is electing: 17 1,864. 19 Total: If the corporation is made, enter the amount form line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (f) no election is made, enter the amount form line 16, column 100 in Form 100 or Form 100 or Form 100 or Form 100 w, Side 1, line 6. 17 1,864. 19 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. Part IV Amortization (b) (c) Amortization allowed or allowable in earlier years R&TC R&TC Period or greater the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. 19 0 Date acquired (mm/dd/yyyy) Cost or other basis Amortization allowed or allowable in earlier years Ret IC Ret												
See instructions for line 14, column (h) 15 1,864. Part III Summary 16 Total: If the corporation is electing: 16 Total: If the corporation is electing: 16 Total: If the corporation is electing: 17 1,864. 18C Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal Form 4562, line 22 17 1,864. 17 Total depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, or adjustment is necessary.) 18 0. Part IV Amortization (a) (b) (c) Amortization allowed or allowable in earlier years R&TC Rection of property in this year 0 19 1 1 1 20 20 20 20 Total. Add the amounts in column (g) 20 20 21 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, or adjustment is necessary.) 18 0 19 1 1 20 20 20 20 20 20 20	TOTALS		3	7,489.	3	30,306.						
Part III Summary 16 Total: If the corporation is electing: 17 1,864. IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or 16 1,864. Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, column (g) 16 1,864. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 1,864. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. 17 1,864. 19 If ine 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, no adjustment is necessary. 18 0. Part IV Amortization (a) (b) (c) Amortization allowed or allowed or allowed or other basis R&TC section for this year 19 19 19 19 19 10	15 Add the amounts in colu	mn (g) and colu	mn (h). The tot	al of column (h) may not exce	eed \$2,000.						
18 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation claimed for federal purposes from federal Form 4562, line 22 16 1 , 8 6 4 . 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 1, 8 6 4 . 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0 . Part IV Amortization (e) (f) (g) 19 0 0 Cost or other basis Amortization allowed or allowable in earlier years R&TC Section (see instructions) Period or for this year 19 0 0 0 0 0 0 20 Total. Add the amounts in column (g) 20 20 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 20 22 Amortization claimed for federal purposes from federal Form 4562, line 44 21 20		14, column (h)							15		1,864.	
IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or 18 1,864. Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or 16 1,864. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 1,864. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0. Part IV Amortization (a) (b) (c) (d) R&TC section (g) Period or percentage Period or percentage Amortization for this year 19 1	Part III Summary											
Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or 16 1,864. Depreciation (if no election is made), enter the amount from line 15, column (g) 17 1,864. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 1,864. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 1000 or Form 100W, Side 1, line 6. 18 17 1,864. 19 manuts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0. Part IV Amortization 19 0 Cost or other basis allowable in earlier years Ret To section for this year 19 0 0 Cost or other basis 0 0 0 19 0 0 0 0 0 0 0 0 20 Total. Add the amounts in column (g) 0 0 0 0 0 0 0 0 0 21 Total amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 18 0 0	16 Lotal: If the corporation I IBC Section 179 expense	is electing:	nt on line 12 an	d line 15. colu	mn (a) . or							
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 1,864. 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0. Part IV Amortization (b) (c) (d) R&TC R&TC Section Period or property 0. 19 0 Date acquired (mm/dd/yyyy) 0 other basis allowable in earlier years Period or procentage Amortization for this year 19 0	Additional first year depr	eciation under F	&TC Section 24	4356. add the	amounts on lin							1 0 C A
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0 . Part IV Amortization (a) (b) (c) (d) R&TC (f) (g) Description of property Date acquired (mm/dd/yyyy) Cost or other basis allowable in earlier years (f) Period or percentage Amortization for this year 19		,.			(•)							$\frac{1,004}{1,064}$
If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0. Part IV Amortization (a) (b) (c) Amortization allowed or allowable in earlier years (f) Period or percentage Amortization for this year 19 10 1										1/		1,004.
amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) 18 0 . Part IV Amortization (a) (b) (c) (d) R&TC Period or percentage Amortization for this year 19 Image: Colspan="2">Image: Colspan="2" Image: Colspa												
Part IV Amortization (a) (b) (c) (d) R&TC Section Period or property Amortization for this year 19 0							•	-		10		0
(a) Description of property(b) Date acquired (mm/dd/yyyy)(c) Cost or other basis(d) Amortization allowed or allowable in earlier years(e) R&TC section (se instructions)(f) Period or percentage(g) Amortization for this year19			THE DETUTE STATE			10111110000,1		15 11666554	iy.)	10		
Decomposition of property Decomposition of property <thdecomposition of="" property<="" th=""> Decompo</thdecomposition>			(h)		(c)		d)	(e)		(f)	(a)
Implicit of the basis anowable in earlier years percentage for this year 19 Implicit of the basis		erty I		Co	st or	Amortizatio	n allowed or		Pe		Amort	ization
19 Image: Constraint of the second secon		(mm/dd/yyyy)	othe	r basis	allowable in	earlier years		ns) per	centage	for thi	s year
20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 20	19								<u> </u>			
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21												
21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, 21												
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W,		(=)								20		
			-							21		
Side 1 line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W. Side 2, line 12, 22		-										
	Side 1, line 6. If line 21 is	s less than line 2	0, enter the diff	erence here a	nd on Form 100) or Form 100\	N, Side 2, line	12		22		

-

Г

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:	Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2017 FTB 3586" on the check or money order. Detach voucher
	below. Enclose, but do not staple, payment with voucher and mail to: FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531
Make all checks or mone	y orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:	Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
	S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
	Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.
is extended to the next Due to the federal Ema	ancipation Day holiday on April 16, 2018, tax returns filed and payments
mailed or submitted or	n April 17, 2018, will be considered timely.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov/pay** for more information.

739035 11-29-17

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER					DETACH HERE		
TAXABLE YEAR 2017Payment Voucher for Corporations and ExemptOrganizations e-filed Returns						<u>CALIFORNIA FORM</u> 3586 (e-file)	
0000000 RAIN TYB 01-01-2017 TYI RAINFOREST FOUNDATION		1622945		17	FORM	3	
1000 DEAN STREET BROOKLYN NY	Y 11238	STE	430				
(212) 431-9098		Amou	unt of P	ayment		10.	
	022	6181176			FTB 3586	2017	

TAXABLE 201			ornia e-f pt Orga		turn Autho ons	rizat	ion f	or				_{FORM} 8453-EO
Exempt Organ	nization name										Identif	fying number
RAINF	OREST	FOUNDA	TION, I	INC.							95	-1622945
			rmation (who		nly)							
1 Total	gross rece	eipts (Form 1	99, line 4)									1 2,244,849. ₀₀
2 Total	gross inco	ome (Form 19	9, line 8)									2,232,745. ₀₀
3 Total	expenses	and disburse	ements (Form	199, line 9)						:	2,313,145. ₀₀
Part II 🛛 🕄	Settle You	Ir Account E	lectronically	for Taxabl	e Year 2017							
4 E	Electronic	funds withdr	awal 4a	Amount			4b W	ithdrawal	date (m	m/dd/yy	ууу)	
Part III E	Banking Ir	nformation (Have you verif	ied the exe	empt organization's	banking	informat	tion?)				
5 Routin	ng number							r			_	
6 Accou	int number					7 T	ype of a	ccount: l	Ch	lecking		Savings
		on of Officer										
l authorize ti on line 4a.	the exempt o	organization's a	account to be se	ettled as des	ignated in Part II. If I c	heck Part	II, Box 4,	I authorize	an elect	ronic fun	ids w	ithdrawal for the amount listed
transmitter, California ele a balance du organization statements l	Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.											
Sign Here	Signature	e of officer			Date	EXE	CUTI	VE DI	IREC'	FOR		
nere	eighaidh				24.0							
I declare tha am only an i accurately re provided the 1345, 2017 the exempt o I declare tha true, correct	Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.											
	RO's- ignature					Date		Check if also paid preparer	X	Check if self- employe		P00154047
	irm's name (or	yours I	UTZ ANI) CARE	, CPAS LLI	5		preparer	- 23	employe		
o: if s	self-employed nd address			CH AVE	NUE, SUITI)					code 10176
					/e organization's return ation based on all info					atements	, and	to the best of my knowledge
Paid Prepare	Paid	s					Date		Check if self- employ	ed		Paid preparer's PTIN
Must		ame (or yours									FEIN	
Sign	if self-err and addr										ZIP o	code
											•	
For Privac	cy Notice,	get FTB 113	1 ENG/SP.									FTB 8453-EO 2017

729021 11-27-17

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Section 12586 and 12587, California Government Code

11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 1622945	Check if:	Check if:					
RAINFOREST FOUNDATION, INC.		Amended report					
Name of Organization 1000 DEAN STREET, SUITE 430 Address (Number and Street)	Corporate	or Organization No. 1622945					
BROOKLYN, NY 11238 City or Town, State and ZIP Code	Federal En	nployer I.D. No. 95–1622945					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE Make Check Payable to Attorney Ge							
Gross Receipts Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	e			
Less than \$25,000 0 Between \$100,001 and \$ Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25			
PART A - ACTIVITIES		•					
For your most recent full accounting period (beginning $01/0$ Gross annual revenue \$ 2,232,745. Total as)1/2017end sets \$	ing <u>12/31/2017</u>)list: 957,524.					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE	PERIOD OF THIS RE	EPORT					
Note: If you answer "yes" to any of the questions below, you must a "yes" response. Please review RRF-1 instructions for informa		ge providing an explanation and details f	or ead	ch			
1. During this reporting period, were there any contracts, loans, leases	or other financial tran	sactions between the organization	Yes	No			
and any officer, director or trustee thereof either directly or with an e any financial interest?		Ũ		x			
2. During this reporting period, were there any theft, embezzlement, div or funds?	rersion or misuse of t	he organization's charitable property		x			
3. During this reporting period, did non-program expenditures exceed 5	0% of gross revenue	9?		x			
 During this reporting period, were any organization funds used to pa with the Internal Revenue Service, attach a copy. 	y any penalty, fine or	judgment? If you filed a Form 4720		x			
 During this reporting period, were the services of a commercial funder If "yes," provide an attachment listing the name, address, and teleph 	•		х				
 During this reporting period, did the organization receive any govern name of the agency, mailing address, contact person, and telephone 	•	, provide an attachment listing the SEE STATEMENT 10	х				
 During this reporting period, did the organization hold a raffle for cha the number of raffles and the date(s) they occurred. 	ritable purposes? If "	'yes," provide an attachment indicating		x			
 Does the organization conduct a vehicle donation program? If "yes," operated by the charity or whether the organization contracts with a 				x			
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?							
Organization's area code and telephone number (212) 431–9098							
Organization's e-mail address SPELLETIER@RFFNY.ORG							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.							
	SUZANNE PELLETIER EXECUTIVE DIRECTOR						
Signature of authorized officer Printed Name	Tit	tle Date					
729291							

CA RRF-1

THE ORGANIZATION USED HANSEN DEVELOPMENT CONSULTING AS A PROFESSIONAL FUNDRAISEER.

STATEMENT 9

CA RRF-1	INFORMATION	REGARDING	GOVERNMENT	FUNDING	STATEMENT	10
		PART B, 1	LINE 6			

THE ORGANIZATION WAS AWARDED A \$863,634 GRANT BY AN AGENCY OF THE NORWEGIAN GOVERNMENT.

RETURN MUST BE FILED ONLINE. This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-300R Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial cuments to be attached, and other requirements for registration

Slale	ments, documents to be attached, and other requirements for registration.
1.	This statement contains the facts and financial information for the fiscal year ending: $\frac{12/31/2017}{month day year}$
2.	Federal ID Number (EIN) 95-1622945 2a. N.J. Charities Registration Number: CH-1509300
3.	Full legal name of the registering organization: RAINFOREST FOUNDATION, INC. In care of: (if necessary, otherwise leave this line blank) SUZANNE PELLETIER
4.	Mailing Address: 1000 DEAN STREET, SUITE 430, BROOKLYN, NY 11238 City State ZIP Code Change of Address
NOT	TE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.
5.	The principal street address of the registering organization X Street Address City State Z Same as Mailing Address
6.	Does the organization have any offices in New Jersey in addition to the one listed above? Yes If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.
6a.	If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed. SUZANNE PELLETIER ,
	Contact person Street address City State ZIP Code
	Telephone number (include area code) Fax number (include area code)
7.	Organization's contact information: (212) 431-9098 Telephone number (include area code) Fax number (include area code)
	SPELLETIER@RFFNY.ORG E-mail address WWW.RAINFORESTFOUNDATION.ORG
8.	Type of organization (check one):
	X Nonprofit corporation Foundation Individual Association Society Partnership Trust Other (Specify)
79030 [.] 04-01-	T Form CBI-300B Page 1

16161107 759420 8392

2

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

790302 04-01-			
	 If "Yes," advise which one:	Yes	X No
17.	 Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. b. Has a tax exemption been granted under another I.R.S. code? 	X Yes	No No No No
16.	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-ventu end being reported? If "Yes," please explain:	urer during the f	iscal year- X No
	If "Yes," please describe the situation.	L Yes	LA No
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's		X No
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full add number, registration number in New Jersey, and a contact person's name.	X Yes dress, telephone	No No number, fax
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program, state is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registrat		dy exists or
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate registration. TO SUPPORT INDIGENOUS PEOPLES IN TROPICAL RAINFORESTS	statement to th	is
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for e	Yes Yes	X No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper. NEW YORK AND CALIFORNIA	X Yes	No No
11.	Does the organization intend to solicit contributions from the general public?	X Yes	🗌 No
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used: RAINFOREST FOUNDATION US	X Yes	No No
9.	Where and when was the organization legally established? Date: $09/20/1988$ State: As required by the C.R.I. Act (<u>N.J.S.A.</u> 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, in constitution) only if the document has been issued or amended during the fiscal year being reported.	and instrument	
		C N	

1	61	611	07	759420	8392
-	~ -	<u> </u>	• •	/ 5 5 1 2 0	0002

3 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

18.	Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes X No If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration on a separate sheet of paper.
19.	Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes X No If "Yes," please attach to this registration the relevant document.
20.	Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21.	Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction.
22.	Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes X No If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
SEE STAT	TEMENT 1			

790303 04-01-17

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GR	OSS, not NET.					
Full legal name and street address of the organization						
Full legal name: RAINFOREST FOUNDATION, INC.						
Fiscal year-end being reported: 12/31/2017 Federal ID Number (EIN) 95-1622945						
Mailing address: 1000 DEAN STREET, SUITE 430, BROOKLYN, NY	11238					
Mailing Address P.O. Box Number or Suite Street address of the registering organization:	City		ZIP Code			
New Jersey Charities Registration number: CH 1509300	-00 Telephone number		431–9098 area code)			

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

		1 I	5	•
	(1)	Direct mail		0.
	(2)			0.
	(3)			0.
	(4)		events	
	(5)		o door etc	0.
	(6)		ses	
	(7)			
	(8)	Donated land, buildings, proper		
			· · · · ·	0.
	(9)			
	(10)	Membership dues solely resultin		
		solicitations	·	0.
	(11)	Other support (specify)	STATEMENT 2	1,000,837.
Line A1b.	Total Dire	ct Public Support (add lines A1a(1) tl	hrough A1a(11))	1,367,295.
Line A1c.	Indirect P	ublic Support received from the follo	wing sources:	
	(1)	Federated fund-raising organizat	tion	0.
	(2)			0.
	(3)		ization	
Line A1d.	Total Indi	rect Public Support (add lines A1c(1)	thru A1c(3))	0.
Line A1e.	Total Gro	oss Contributions (add lines A1b and	d A1d)	1,367,295.

Page 4

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Line A2.	Government grants including purchase of service contracts (specify agency)	
	a. <u>GOVERNMENT GRANTS-CONTRIBUTIONS</u>	
	b	0.
	C	<u> </u>
	d	
Line A2e.	Total Government Grants (add lines 2a thru 2d)	863,634.
Line A3.	Other Support	
	a. Bona fide membership	0.
	b. Program service revenue	
	c. Professional services rendered by volunteers d. Miscellaneous income (specify) SEE STATEMENT 4	0.
	d. Miscellaneous income (specify) SEE STATEMENT 4	1,816.
Line A3e.	Total Other Support (add the total of lines A3a thru A3d)	1,816.
Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)	2,232,745.
B. Expenses	5	
Line B1.	Program expenses	1,931,811.
Line B2.	Management and general expenses	246,508.
Line B3.	Fund-raising expenses	134,826.
Line B4.	Payments to state/national affiliates (if applicable)	0.
Line B5.	Total Expenses (add the totals of line B1 thru B4)	
C. Excess of	r Deficit	
For the fisca	l year-end (subtract line B5 from line A4)	-80,400.
D. Fund Bala	ance	
Line D1.	Net assets or fund balances at beginning of year	964,459.
Line D2.	Other changes in net assets or fund balances (attach explanation) STMT 3	-1,224.
Line D3.	Net assets or fund balances at end of year (Combine line C, D1 and D2)	

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.

790305 04-01-17

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: RAINFOREST FOUNDATION, INC.
N.J. Charities Registration Number: CH- 1509300 -00 Federal ID Number (EIN) 95-1622945
Fiscal Year-End being reported: 12/31/2017
24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
 a. each other? b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes X No
 c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes X No d. If you answered "Yes," to guestions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.
We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.
We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.
EXECUTIVE SignatureName SUZANNE PELLETIER Title DIRECTOR DateDAte
Signature Name Title Date
This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.
Note: Form CRI-300RC must be filed <u>with</u> Form CRI-300R.

 $16161107 \ 759420 \ 8392$

790306 04-01-17

FORM CRI-300R LIST OF OFFIC AND FIVE MOS	STATEMENT	
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
SUZANNE PELLETIER	EXECUTIVE DIRECTOR	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
125,000.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JOHN COPELAND	CHAIRMAN	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
TODD CRIDER	VICE CHAIRMAN	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		

0.

16161107 759420 8392

RAINFOREST FOUNDATION, INC.		95-1622945
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
BRETT ODOM	TREASURER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ROBERT CURRAN	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
JENNY SPRINGER	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
VERONIQUE PITTMAN	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		

RAINFOREST FOUNDATION, INC.		95-1622945
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
FABRIZIO CHIESA	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
CHRISTINE LELONG	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
LARS VON BENNIGSEN	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		
0.		
NAME OF INDIVIDUAL	TITLE	TELEPHONE NO.
ANN COLLEY (THRU 3/1/2017)	BOARD MEMBER	
ADDRESS		
1000 DEAN STREET, SUITE 430 BROOKLYN, NY 11238		
SALARY		

RAINFOREST FOUNDAT	ION, INC.	95-16229	945
FORM CRI-300R	OTHER SOURCES OF DIRECT SUPPORT	STATEMENT	2
OTHER SOURCE		AMOUNT	
INDIVIDUALS AND BOAR NON-PROFIT/INTERGOVE		253,074 747,763	
TOTAL INCLUDED ON FO	RM CRI-300R, PAGE 4, LINE 11	1,000,837	7.
FORM CRI-300 OTHER	CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS	(LOSSES) ON INVESTMENTS	-1,224	1.
TOTAL INCLUDED ON FO	RM CRI-300, PAGE 5, LINE D2	-1,224	 1.
FORM CRI-300	MISCELLANEOUS INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
INVESTMENT INCOME GAIN/LOSS ON SALE OF MISCELLANEOUS REVENU	ASSET(S) OTHER THAN INVENTORY E	57 1,668 91	3.
TOTAL INCLUDED ON FO	RM CRI-300, PAGE 5, LINE A3D	1,816	5.

RETURN MUST BE FILED ONLINE. This form cannot be paper filed - this copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act. Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/17 Date of this application: 06/26/18 N.J. Charities Registration Number: CH- 1509300

Charity's Full Legal Name: RAINFOREST FOUNDATION, IN	с.		
Other Names Used (d.b.a.)			
Mailing Address:			
1000 DEAN STREET, SUITE 430, BROOKLYN,	NY 11238 City	State	ZIP Code
Street Address:			
Street Address	City	State	ZIP Code
Check this box to flag a change of address or o	other vital informa	ation.	
Contact Person: SUZANNE PELLETIER		Phone Number:	(include area code)
E-mail: SPELLETIER@RFFNY.ORG		Tax ID (EIN): 95	
Web site: WWW.RAINFORESTFOUNDATION.ORG		Fax Number:	(include area code)
 A six-month extension of time to file the Renewal Statement and Financial Returns of the following groups of (2). 	eport(s), for the fisc	al year-end show	n above, is hereby requested for
the following reason(s): ADDITIONAL TIME IS NEEDED TO COMPILE	THE INFO	RMATION	NECESSARY TO
COMPLETE THE RETURN.			
790381 04-01-17 Form CRI-400	12		

16161107 759420 8392

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

2. Has the organization filed all renewal registration application?	on statements for years prior to the fiscal year ending on the	date shown on the first page of this X Yes No
	e delinquent, the extension request will be denied. Please bri ing a request for an extension on a more current year.	ing the renewal registration filings
3. Has the organization submitted all previous ye of Consumer Affairs?	ars' registration fees and/or penalties owed to the Charities F	Registration Section of the Division
	egistration with the Charities Registration Section? an initial registration for which an extension of time to file car	X Yes No
5. Final Check List - please review and check off	each of the five items below as they are confirmed and acco	mplished.
 All of the questions on this application I The charity has filed all previous renewa The charity has paid all previous years' 	al registrations and required documents. fees and penalties owed to the Division. the fiscal year being requested on this application is enclose	
	e true. I further certify that the organization has filed all previous of the true and accurate information. We and accurate information.	
statements are willfully false, we are subject to punis	-	
Signature	Title EXECUTIVE DIREC	Date
Signature	Title	Date
This form	must be signed by at least one (1) officer of the charity.	

Should you have questions regarding charities registration in New Jersey, please visit our Web site at http://www.njconsumeraffairs.gov/ocp/charities.htm where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Information					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2017 and Ending (mm/dd/yyyy) 12/31/2017					
Check if Applicable: Address Change	Name of Organization: RAINFOREST FOU	NDATION, INC.		Employer Identification Number (EIN): 95-1622945	
Name Change Initial Filing	Mailing Address: 1000 DEAN STRE	ET, SUITE 430		NY Registration Number: $04 - 70 - 06$	
Final Filing	City / State / ZIP: BROOKLYN, NY	11238		Telephone: 212 431-9098	
Reg ID Pending	Website: WWW • RAINFOREST	FOUNDATION.OR	G	Email: SPELLETIER@RFFNY.OR	
Check your organization's registration category:	s 🗌 7A only 🗌 EPTL	only X DUAL (7A &		nfirm your Registration Category in the arities Registry at www.CharitiesNYS.com.	
2. Certification					
See instructions for certif	ication requirements. Imprope	r certification is a violation	of law that may be subject t	o penalties. The certification requires	
two signatories.					
	enalties of perjury that we rev e true, correct and complete i		of the State of New York ap		
	0.47		SUZANNE PEL		
President or Authorized			EXECUTIVE D		
	Signature		Print Name a	and Title Date	
Chief Financial Officer or	Traggurar				
Chief Financial Officer of	Signature		Print Name	and Title Date	
	olghataro		T THE NUMBER	and the Date	
3. Annual Reporting	g Exemption				
Check the exemption(s) the	hat apply to your filing. If your	organization is claiming an	exemption under one categ	ory (7A or EPTL only filers) or both	
categories (DUAL filers) th	nat apply to your registration,	complete only parts 1, 2, a	nd 3, and submit the certifie	d Char500. No fee, schedules, or	
additional attachments ar	e required. If you cannot clain	n an exemption or are a DU	AL filer that claims only one	exemption, you must file applicable	
schedules and attachmer	nts and pay applicable fees.				
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments					
See the following page					
for a checklist of X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer					
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.					
attachments to					
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:		
next page to calculate yo		-		Make a single check or money order	
fee(s), Indicate fee(s) you payable to:					
are submitting here: \$ 25. \$ 100. \$ 125. "Department of Law"			"Department of Law"		
CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)					
-	fers to an organization's NYS		not refer to its IRS tax desig	gnation.	

768451 04-27-18 1019

16161107 759420 8392

2 2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

Page 1

RAINFOREST FOUNDATION TNC

	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:			
CHAR500	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.			
Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.			
Annuar i ning Checkist	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.			

Checklist of Schedules and Attachments

- Check the schedules you must submit with your CHAR500 as described in Part 4:
- LI If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

 \perp Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

X Audit Report if you received total revenue and support greater than \$750,000

floor No Review Report or Audit Report is required because total revenue and support is less than \$250,000

ot We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
50,000,000 or more \$1500,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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

Need Assistance?

www.CharitiesNYS.com Visit: Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

16161107 759420 8392

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

3

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

2017

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:		NY Registration Number:
RAINFOREST FOUNDATION,	INC.	04-70-06

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
X Professional Fund Raiser	HANSON DEVELOPMENT CONSULTING	099587664
Fund Raising Counsel	Mailing Address:	Telephone:
	193 DAVISON AVENUE	646-526-4854
Commercial Co-Venturer	City / State / ZIP:	
	LYNBROOK NY 11563	

3. Contract Information

Contract Start Date:	Contract End Date:
01/01/2017	12/31/2017

4. Description of Services

Services provided by FRP: CONDUCTING DEVELOPMENT AUDIT; STRATEGY FOR CULTIVATING THE TOP 150 DONORS AND DEVELOPING 12 MONTHS COMMUNICATIONS AND PUBLICITY PLAN

5. Description of Compensation

Compensation arrangement with FRP: \$1250 PER MONTH FOR 25 HOURS OF WORK. IN MONTHS WHERE HDC WORKS MORE THAN 25 HOURS, RAINFOREST WILL PAY \$50/HR FOR THESE ADDITIONAL HOURS Amount Paid to FRP:

27,100.

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

768471 04-27-18

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated April 2018) Page 1 4

2017.04030 RAINFOREST FOUNDATION, INC. 8392___1

CHAR500

Open to Public Inspection

٦

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information			
Name of Organization:	NY Registration Number:		
RAINFOREST FOUNDATION, INC.	04-70-06		

2. Government Grants

Name of Government Agency	Amount of Grant
1. THE NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION	1. 863,634.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 863,634.