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**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2021 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change RAINFOREST FOUNDATION, INC. Name change 95-1622945 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (212) 431-9098 P.O. BOX 26908 termin-ated 7,599,438. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return BROOKLYN, NY 11202 H(a) Is this a group return Applica-F Name and address of principal officer: SUZANNE PELLETIER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.RAINFORESTFOUNDATION.ORG **H(c)** Group exemption number ▶ L Year of formation: 1988 M State of legal domicile: CA **K** Form of organization: X Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: THE RAINFOREST FOUNDATION US Activities & Governance PROVIDES FINANCIAL AND TECHNICAL SUPPORT TO INDIGENOUS COMMUNITIES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 31 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 7,444,295. 7,08<u>3,419.</u> Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,989. 30,052. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,788. 5,704. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 7,455,072. 7,119,175. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 3,553,306. 1,676,756. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,080,819. 1,433,918. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,045,121. 1,698,299. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,679,246. 4,808,973. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,310,202. 1,775,826. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5,978,799. 4,078,859. 20 Total assets (Part X, line 16) 875,919. 465,657. 21 Total liabilities (Part X, line 26) 3,202,940. 513,142. 22 Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer  SUZANNE PELLETIER, EXE Type or print name and title	CUTIVE DIRECTOR	Date
Paid	Print/Type preparer's name JENNIFER COATES	Preparer's signature Date	Check PTIN if self-employed P02247728
	Firm's name LUTZ AND CARR, C		Firm's EIN ▶ 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE	S, SUITE 400	
	NEW YORK, NY 101	.76	Phone no. 212 - 697 - 2299
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

Par	statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE MISSION OF THE RAINFOREST FOUNDATION IS TO SUPPORT INDIGENOUS AND	ס
	TRADITIONAL PEOPLES OF THE WORLD'S RAINFORESTS IN THEIR EFFORTS TO	
	PROTECT THEIR ENVIRONMENT AND FULFILL THEIR RIGHTS BY ASSISTING THEM	
	IN:	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No 🔀
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	t
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3 , 984 , 130 • including grants of \$1 , 676 , 756 • ) (Revenue \$	)
	RAINFOREST FOUNDATION US'S (RFUS) PROGRAMS ARE TACKLING THE WORLD'S	
	MOST URGENT CHALLENGES: BIODIVERSITY LOSS, CLIMATE CHANGE, AND HUMAN	
	RIGHTS. WE PARTNER WITH INDIGENOUS PEOPLES AND LOCAL COMMUNITIES TO	
	PROTECT VITAL RAINFOREST ECOSYSTEMS AND ADDRESS THE CLIMATE CRISIS.	<b>VE</b>
	PROVIDE FINANCIAL AND TECHNICAL SUPPORT TO INDIGENOUS AND LOCAL	
	COMMUNITIES AND ORGANIZATIONS TO SECURE THEIR RIGHTS TO THEIR	
	TRADITIONAL LANDS AND PROTECT THEIR FORESTS AND LIVELIHOODS. WE WORK	
	PROTECT THE TROPICAL RAINFORESTS OF CENTRAL AND SOUTH AMERICA, AND IN	N
	2021 WE WORKED IN THE COUNTRIES OF PERU, GUYANA, PANAMA, AND BRAZIL.	
	OUR PROGRAMS FOCUS ON DELIVERING THE FOLLOWING THREE SERVICES: LAND	
	TITLING, LEGAL DEFENSE AND ADVOCACY.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code:) (Expenses \$	—— <sup>)</sup>
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 3,984,130.	
	Form <b>990</b>	(2021

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	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			٦,
_	similar amounts as defined in Rev. Proc. 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			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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	4-	v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46	Х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	21	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
.0	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,"			<del></del>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			۱
	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		l	
	Schedule J	. 23	X	
24 a	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			١
	Schedule K. If "No," go to line 25a	. 24a		X
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1 37
	Schedule L, Part I	. 25b	1	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1 37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1 37
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<sub>V</sub>
	"Yes," complete Schedule L, Part IV	. 28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			1 37
	"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			<sub>v</sub>
٠.	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	1	1^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	. 32	1	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	1	^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
25-	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		1	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
07	If "Yes," complete Schedule R, Part V, line 2	. 36	1	^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	+	<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	x	
Pai	Note: All Form 990 filers are required to complete Schedule O	. 38	Λ	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Schedule O contains a response di fidte to any ille in this Faft V			N <sub>c</sub>
4 -	Enter the number reported in box 2 of Form 1006. Enter 0, if not applicable	0	Yes	No
ıa	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	尚		

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			3,7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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.			
р	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  That the ground of received and health plans			
	Enter the amount of reserves on hand	14a		X
		14a 14b		<del>  ^``</del>
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.TU		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

6 Form **990** (2021) 2021.05000 RAINFOREST FOUNDATION, INC. 8392\_\_\_1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA , NY , NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 212-431-9098  50 COURT STREET, SUITE 712, BROOKLYN, NY 11201			
	50 COURT STREET, SUITE 712, BROOKLYN, NY 11201			

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	Ĭ		((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN COPELAND	1.00	,,		,,					0	0
CHAIRMAN	1 00	Х		Х				0.	0.	0.
(2) TODD CRIDER	1.00	٠,,		,,					0	0
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(3) BRETT ODOM	1.00	,,		,,					0	0
TREASURER	1 00	Х		Х				0.	0.	0.
(4) ROBERT CURRAN	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) JENNY SPRINGER	1.00	,,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) CHRISTIAN LELONG	1.00	٠,,							0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) BECKY YANG	1.00	\ \						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) STEVEN KEMLER	1.00	Х						0.	0.	0
BOARD MEMBER	40.00	Δ						0.	0.	0.
(9) SUZANNE PELLETIER	40.00			x				170,000.	0.	23,276.
EXECUTIVE DIRECTOR (10) CHRISTINE HALVORSON	40.00			^				170,000.	0.	23,210.
PROGRAM DIRECTOR	40.00					x		108,300.	0.	8,448.
(11) JOSHUA LICHTENSTEIN	40.00					1		100,500.	0.	0,440.
PROGRAM MANAGER	40.00					x		105,000.	0.	13,293.
(12) KIM CHAIX	40.00							103,000.	0.	13,233
DIRECTOR OF STRATEGIC IMPACT	10.00					x		101,000.	0.	25,012.
DIRECTOR OF DIRECTOR IMPROP								101,000.	•	23,012.
		1								
										_
		1								
	1									
		1								
		1								
								1		

(A)	(B)			•	<b>C</b> )			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			nount (	of
	week (list any	$\vdash$	l a			17 11 41	100,	from	from related		1	other	tion
	hours for	director				Ļ		the organization	organization (W-2/1099-MIS			pensa om the	
	related	e or (	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	truste	al tru		yee	ımbei		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,		_	d relate	
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	ner	,			orga	anizatio	ons
	line)	lndj	Insti	Officer	Key	High	Former						
Subtotal								484,300.		0.	7	0,0	29.
c Total from continuation sheets to Part								0.		0.		, ,	0.
I Total (add lines 1b and 1c)								484,300.		0.	7	0,0	
Total number of individuals (including bu								eceived more than \$100	,000 of reportab	le			
compensation from the organization						•						Yes	4 No
Did the organization list any <b>former</b> office	er, director, trust	ee, l	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on			res	NO
line 1a? If "Yes," complete Schedule J fo	r such individual							•			3		Х
For any individual listed on line 1a, is the													
and related organizations greater than \$	150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
Did any person listed on line 1a receive of	•				•		elat	ed organization or indivi	idual for services	i			
rendered to the organization? If "Yes," continuous B. Independent Contractors	omplete Schedul	e J f	or s	uch	pers	son .					5		X
Complete this table for your five highest	-	-								npens	ation f	rom	
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	itnir		year. I			••	
(A) Name and busine	ss address	N	ІИС	3				<b>(B)</b> Description of s	ervices	С	Ompe		า
							$\dashv$						
							$\dashv$						
Total number of independent contractors	c (including but a	no+ 1:	mito	d +c	the	ec li	etod	Lahova) who received ~	ore than				
\$100,000 of compensation from the orga		IOL III		u 10		0	, <del>, , ,</del>	above, who received if	IOI G III III				
											Гокто		

Pa	rt VII			5			
		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII  (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S	4 -	Followsky disconnections 4-1					300110113 0 12 0 14
Contributions, Gifts, Grants   and Other Similar Amounts		Federated campaigns 1a					
اع ق		Membership dues 1b		-			
rts,		Fundraising events 1c					
اق ق		Related organizations 1d	070 277				
Sin		• • • • • • • • • • • • • • • • • • • •	070,277.				
er i	f	All other contributions, gifts, grants, and	012 142				
를 된			013,142.				
on	_		565,852.	7 002 410			
<u>a</u> C	h	Total. Add lines 1a-1f		7,083,419.			
			Business Code				
<u>ic</u>	2 a						
e S	b						
n S	С						
lrar Pev	d						
Program Service Revenue	е						
۱ ۵	f	All other program service revenue					
$\blacksquare$	g	Total. Add lines 2a-2f	<u></u>				
	3	Investment income (including dividends, interest	•				<b>c</b> 1
		other similar amounts)		61.			61.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u></u>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 130,572.	379,682.				
	b	Less: cost or other basis					
nue		and sales expenses	347,438.				
Revenue	С	Gain or (loss) $7c -2,253$ .	32,244.				
	d	Net gain or (loss)	<u></u>	29,991.			29,991.
ther	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	<u></u>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
ရှု		MIGGELL ANDOUG BETTER	Business Code	F 704			F 704
Miscellaneous Revenue		MISCELLANEOUS REVENUE	900099	5,704.			5,704.
lan	b						
Rev l	С						
ĬΞ		All other revenue		F 504			
		Total. Add lines 11a-11d	-	5,704.			25 556
	12	Total revenue. See instructions	<b>)</b>	7,119,175.	0.	0.	35,756.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	
	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	1 606 056	1 606 056		
	individuals. See Part IV, lines 15 and 16	1,676,756.	1,676,756.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 276	06 630	40 210	40 210
	trustees, and key employees	193,276.	96,638.	48,319.	48,319
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	051 002	624 065	110 005	100 000
7	Other salaries and wages	951,892.	634,065.	118,005.	199,822
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	169,642.	112,011.	21,781.	32 050
9	Other employee benefits	119,108.	76,341.	17,040.	35,850 25,727
10	Payroll taxes	113,100.	10,341.	11,040.	43,141
11	Fees for services (nonemployees):				
a	• • • • • • • • • • • • • • • • • • • •	7,308.		7,308.	
b		25,023.		25,023.	
C	<u> </u>	25,025.		25,025	
d	D ( ' 1( 1 ' ' ' ' O D ' ' ' ' ' ' ' '				
e f					
g					
y	column (A), amount, list line 11g expenses on Sch 0.)	205,839.	115,007.	59,925.	30,907
12	Advertising and promotion	18,783.	223,007.0	33,75231	18,783
13	Office expenses	175,676.	114,587.	27,459.	33,630
14	Information technology	43,245.	8,538.	6,591.	28,116
15	Royalties		0,000	7,0221	
16	Occupancy	94,582.	48,215.	11,894.	34,473
17	Travel	341,218.	334,361.	5,876.	981
18	Payments of travel or entertainment expenses	,	, , ,	.,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,647.		1,647.	
23	Insurance	4,793.		4,793.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DDOODAM EVDENCEC	694,923.	694,923.		
b		61,650.	58,421.	2,367.	862
С		12,628.	3,283.	4,199.	5,146
d	FILM DEVELOPMENT EXPENS	10,984.	10,984.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,808,973.	3,984,130.	362,227.	462,616
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2021) Part X Balance Sheet

Ра	πx	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,303,920.	1	4,308,129
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		688,428.	3	1,539,518	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	sons		5	
	6	Loans and other receivables from other disqu	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			16,067.	9	7,274
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	87,215.			
	b	Less: accumulated depreciation	10b	38,741.	395.	10c	48,474
	11	Investments - publicly traded securities			64,849.	11	59,105
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11 .			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			5,200.	15	16,299
	16	Total assets. Add lines 1 through 15 (must e			4,078,859.	16	5,978,799
	17	Accounts payable and accrued expenses		128,609.	17	79,806	
	18	Grants payable	747,310.	18	385,851		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-2	4). Complete Part X			
		of Schedule D		·····	075 010	25	465,657
	26	Total liabilities. Add lines 17 through 25			875,919.	26	400,007
S		Organizations that follow FASB ASC 958, o	heck he	re 🕨 🕰			
Š		and complete lines 27, 28, 32, and 33.			1,767,397.	07	4,084,767
3ale	27		1,435,543.	27 28	1,428,375		
ğ	28	Net assets with donor restrictions			1,433,343.	28	1,420,373
Ξ		Organizations that do not follow FASB ASC	, 958, CI	leck nere			
ō		and complete lines 29 through 33.	-1-			00	
ets	29	Capital stock or trust principal, or current fund				29	
ASS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		• • • • • • • • • • • • • • • • • • • •	3,202,940.	31	5,513,142
Z	32	Total liabilities and not assets (fund belonges			4,078,859.	32	5,978,799
	33	Total liabilities and net assets/fund balances			4,010,000.	33	3,310,133

2	9	4	5	Page	1	2
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Form	1990 (2021) RAINFOREST FOUNDATION, INC.	95-1622	2945	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 '	7,11	9,1	<u>75.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		1,80		
3	Revenue less expenses. Subtract line 2 from line 1		2,31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,20	2,9	<u>40.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,51	<u>3,1</u>	<u>42.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2021)

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization RAINFOREST FOUNDATION, INC. 95-1622945 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	, ,		,					
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	(-,	(,	(-)	(-,	(-)	(7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
	membership fees received. (Do not								
	include any "unusual grants.")	2230929.	2665715.	3657292.	7444295.	7083419.	23081650.		
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	002000	0665515	2655000	F44400F	7002410	02001650		
	Total. Add lines 1 through 3	2230929.	2665715.	3657292.	7444295.	7083419.	23081650.		
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,						838,865.		
	column (f)						22242785.		
	Public support. Subtract line 5 from line 4.						22242703.		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	2230929.	2665715.	3657292.	7444295.	7083419.	23081650.		
	Gross income from interest,								
·	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	57.	11.	145.	175.	61.	449.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	91.	3,545.	100.	7,788.	5,704.	17,228.		
11	<b>Total support.</b> Add lines 7 through 10						23099327.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. —		
<u></u>	organization, check this box and stor						<b>&gt;</b>		
	etion C. Computation of Publ			l (6)			96.29 %		
	Public support percentage for 2021 (					14	00 04		
	Public support percentage from 2020					15			
Iba	33 1/3% support test - 2021. If the c								
L	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2020. If the organization</li></ul>								
L	and <b>stop here.</b> The organization qual	-							
17:	10% -facts-and-circumstances tes								
.,,	and if the organization meets the fact	ŭ					*		
	meets the facts-and-circumstances to		•		•	vi now the organiz			
h	10% -facts-and-circumstances tes	-		*	-				
_	more, and if the organization meets the	-							
	•				-		<b>▶</b> □		
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2021

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

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

Sec	qualify under the tests listed beat ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(a) 2010	(4) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	inone under coetion 512						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf		+				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons Amounts included on lines 2 and 3 received		+				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		/-\ 0047	(I-) 0040	(-) 0040	(-I) 0000	(-) 0004	(6) T-+-1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<u></u>							<u> </u>
	ction C. Computation of Publ					T I	
	Public support percentage for 2021 (I					15	<u>%</u>
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					127	
17						17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box as						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶└┴

132023 01-04-22

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	<del>-1</del> a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
dula	10b	~ 000\	

Par	irt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10/19 tine		
	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		
	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ction D. All Type III Supporting Organizations	<u>'</u>		l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		
	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		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see i</b>	 netructions)		
' a		isa acaonsj.		
b				
C		entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	critity (See matruotio	Yes	No
			103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		2.0		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization evergice a substantial degree of direction over the policies programs and activities of each	Ja		

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2021

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

RAINFOREST FOUNDATION, INC.

**Employer identification number** 95-1622945

Par			r Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(a) zenor adviced ianiae	(2)					
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		funds					
3	are the organization's property, subject to the organization's	-						
6	Did the organization inform all grantees, donors, and donor a							
Ü	for charitable purposes and not for the benefit of the donor							
Par		ganization answered "Yes" on Form 990. Part						
1	Purpose(s) of conservation easements held by the organizat	-	,					
·	Preservation of land for public use (for example, recreations)		istorically important land area					
	Protection of natural habitat		ertified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
	Total acreage restricted by conservation easements							
	Number of conservation easements on a certified historic st							
	Number of conservation easements included in (c) acquired							
	listed in the National Register							
3	Number of conservation easements modified, transferred, re							
	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	eriodic 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 conserv	vation easements during the year					
	<b>&gt;</b>							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year					
	<b>▶</b> \$							
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(	4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the					
	organization's accounting for conservation easements.							
Par			er Similar Assets.					
	Complete if the organization answered "Yes" on Forn							
1a	If the organization elected, as permitted under FASB ASC 99							
	of art, historical treasures, or other similar assets held for pu		erance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 99							
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide					
	the following amounts required to be reported under FASB A							
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·					
	Assets included in Form 990, Part X							
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021					

132051 10-28-21

Pai	rt III Organiz	ations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	r Simil	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organiz	zation's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at make si	ignificant	use of its			
	collection items (	check all that apply):										
а	Public exhibition d Loan or exchange program											
b	Scholarly re	esearch	•									
С	Preservation	on for future generations										,
4	Provide a descrip	otion of the organization's c	ollections and expla	in how th	ey further t	he organizati	on's exer	npt purpo	ose in Par	t XIII.		
5		did the organization solicit o										
	to be sold to raise	e funds rather than to be m	aintained as part of	the organ	nization's c	ollection?				Yes		No
Pai		and Custodial Arran								line 9, or		
	reported a	an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization	n an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not	included				,
	on Form 990, Par	t X?								Yes		No
b		he arrangement in Part XIII										
										Amoun	t	,
С	Beginning balance	e						1c				
		the year										
		ng the year										
		ion include an amount on F								Yes		No
		he arrangement in Part XIII.										]
		nent Funds. Complete i										
	•		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	<b>(d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year	r balance										,
												,
		arnings, gains, and losses										
		ships										
	Other expenditur											
	· ·											
f		penses										
		nce										
2		nated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:	<u> </u>					
а		d or quasi-endowment	,	%	· ·	"						
	Permanent endo		%									
С	Term endowmen	t <b>&gt;</b>	<del></del> %									
		on lines 2a, 2b, and 2c sho	ould equal 100%.									
За		ment funds not in the posse		zation tha	t are held a	and administe	ered for th	ne organiz	zation			
	by:	•	Ü					Ü		[	Yes	No
	•	ganizations								3a(i)		
		nizations										
b		a(ii), are the related organiza										
4		XIII the intended uses of the										
Pai		uildings, and Equipm										
	Complete	if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. §	See Form 990	D, Part X,	line 10.				
	Descrip	tion of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Boo	k valu	<del></del>
	·	,	basis (invest			(other)	dep	reciation				
1a	Land											
		vements										
					8	7,215.		38,7	41.	4	8,4	74.
	Other											

Schedule D (Form 990) 2021

48,474.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 RAINFOREST	FOUNDATION, I	INC. 95	-1622945 Page 3
Part VII Investments - Other Securities.			rage c
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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	d-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	d-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) lin	e 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	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Schedule D (Form 990) 2021

(7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI	Reconciliation of	-					Revenue per F	Return	<b>).</b>
		Complete if the organiz	ation answered	"Yes" on Fo	orm 990, Pa	art IV, line 12	?a.			- 40- 4
1		revenue, gains, and othe				ents			1	7,137,175
2		nts included on line 1 bu					1 1			
а		nrealized gains (losses) o						10 000	-	
b		ted services and use of fa						18,000.		
С		veries of prior year grants							-	
d		(Describe in Part XIII.)								10 000
е									2e	18,000 7,119,175
3		act line 2e from line 1							3	1,119,175
4		nts included on Form 99					1.1			
a		tment expenses not inclu							-	
b		(Describe in Part XIII.)							4.	0
_									4c	7,119,175
5 Pai		revenue. Add lines 3 and Reconciliation of								
ı aı	I XII	Complete if the organize						Lxperises per	netu	••••
1	Total	expenses and losses per							1	4,826,973
2		ints included on line 1 bu							'	1,020,0
a		ted services and use of fa					2a	18,000.		
b		year adjustments							-	
c		losses							-	
d		(Describe in Part XIII.)							-	
e									2e	18,000
3		act line <b>2e</b> from line <b>1</b>							3	4,808,973
4		nts included on Form 99								
а	Invest	tment expenses not inclu	ded on Form 99	90, Part VIII,	line 7b		4a			
b		(Describe in Part XIII.)								
С		4 1.41					•		4c	0
5	Total	expenses. Add lines 3 an	d <b>4c.</b> (This mus	st equal Forn	n 990, Part	I, line 18.)			5	4,808,973
Pai	rt XIII	Supplemental Info	ormation.							
		descriptions required for 4 4b; and Part XII, lines 20							4; Part	X, line 2; Part XI,

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

95-1622945

RAINFO	REST FOUNDATION,	INC.	95-1622945
Part I	General Information on A	Activities Outside the United States. Complete if the organ	nization answered "Yes" on
	Form 990, Part IV, line 14b.		
4	wantenaliana Dasa tha annoninatio	a manipulation was a value to a value to put at the a manufact of the average and at least	

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

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

3 Activities per Region. (T	(b) Number of		an be duplicated if additional space is a distribution of the region and the region is the region and the region is the region of the region o		(f) Total
(a) Hogion	offices	employees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	. •	for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
				LAND TITLING, LAND	
			PROGRAM ACTIVITIES AND	MANAGEMENT PLANNING,	
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS	ORGANIZATIONAL	
THE CARIBBEAN	0	0	LOCATED IN THE REGION	STRENGTHENING	382,174
				LAND TITLING, LAND	
			PROGRAM ACTIVITIES AND	MANAGEMENT PLANNING,	
			GRANTS TO RECIPIENTS	ORGANIZATIONAL	
SOUTH AMERICA	1	10	LOCATED IN THE REGION	STRENGTHENING	2,802,199
				LAND TITLING, LAND	
			PROGRAM ACTIVITIES AND	MANAGEMENT PLANNING,	
EAST ASIA AND THE			GRANTS TO RECIPIENTS	ORGANIZATIONAL	
PACIFIC	0	0	LOCATED IN THE REGION	STRENGTHENING	104,276
				LAND TITLING, LAND	· ·
			PROGRAM ACTIVITIES AND	MANAGEMENT PLANNING,	
			GRANTS TO RECIPIENTS	ORGANIZATIONAL	
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION	STRENGTHENING	104,276
3 a Subtotal	1	10			3,392,925
<b>b</b> Total from continuation					
sheets to Part I	0	(			0
c Totals (add lines 3a					
and 3b)	1	10			3,392,925

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

Schedule F (Form 990) 2021

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>(b)</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)
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	39,000.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	439,357.	WIRE TRANSFER	0.		
			ENVIRONMENTAL	,				
			MONITORING,					
		CENTRAL AMERICA	ORGANIZATIONAL					
		AND THE CARIBBEAN	STRENGTHENING, LAND	27,615.	WIRE TRANSFER	0.		
			ENVIRONMENTAL	,				
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	10,000.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
		EAST ASIA AND THE	ORGANIZATIONAL					
		PACIFIC	STRENGTHENING, LAND	75,055.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	10,000.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	20,000.	WIRE TRANSFER	0.		
			ENVIRONMENTAL	,				
			MONITORING,					
			ORGANIZATIONAL					
		CENTRAL AMERICA	STRENGTHENING, LAND	20,000.	WIRE TRANSFER	0.		

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

····· **[** —

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Schedule F (Form 990) 2021

	chedule F (Form 990)	IVATIVI	ONEDI IOUNDA	iiion, inc.		75 10	22743		Page
(a) Name of organization and EIN (if applicable) (c) Region (c) Region (d) Fundament (	Part II Continuation of	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
GINERO FOR ORGANIZATION AND THE PROPRIESS OF A PROPERTY OF CASH GRANT CASH GR	1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of			(i) Method of
ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 103,420. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 40,000. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 5,831. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 73,918. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 73,918. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 10,000. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 10,000. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL AND THE CARIBBEAN STRENGTHENING, LAND 48,700. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 5,842. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 5,842. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 5,842. WIRE TRANSPER 0.  ENVIRONMENTAL MONITORING, ORGANIZATIONAL SOUTH AMERICA STRENGTHENING, LAND 5,842. WIRE TRANSPER 0.	(a) Name of organization		(c) Region	1 ' ' '		1 7 7			
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MONITORING,									
ORGANIZATIONAL				'					
SOUTH AMERICA STRENGTHENING, LAND 29,097.WIRE TRANSFER 0.			SOUTH AMERICA		29 097.	WIRE TRANSFER	0.		

132182 04-01-2

Part II Continuation of	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	(h) Description of non-cash	(i) Method of valuation (book, FM)
	and Env (ii applicable)		grant	or casir grant	Casif dispursement	assistance	assistance	appraisal, other)
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	65,308.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	10,000.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	14,314.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	284,266.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	229,856.	WIRE TRANSFER	0.		
			ENVIRONMENTAL					
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	10,000.	WIRE TRANSFER	0.		
			ENVIRONMENTAL	,				
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	7.739.	WIRE TRANSFER	0.		
			ENVIRONMENTAL	, -				
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	11.006.	WIRE TRANSFER	0.		
			ENVIRONMENTAL	,		-		1
			MONITORING,					
			ORGANIZATIONAL					
		SOUTH AMERICA	STRENGTHENING, LAND	5 001	WIRE TRANSFER	0.		

132182 04-01-21 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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement noncash noncash assistance assistance SOUTH AMERICA 33,569.WIRE TANSFER EMERGENCY GRANT 20 0.

# Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

# 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):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

### REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

### REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

### REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

### REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

#### STRENGTHENING, LAND MANAGEMENT PLANNING

# 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.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: CENTRAL AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

Page 5

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.

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

132075 12-20-21

Schedule F (Form 990) 2021

# 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.

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

Page 5

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.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENVIRONMENTAL MONITORING, ORGANIZATIONAL

STRENGTHENING, LAND MANAGEMENT PLANNING

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RAINFOREST FOUNDATION, INC. **Employer identification number** 95-1622945

Pa	art I Questions Regarding Compensation			
	·		Yes	No
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 companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coetion $E01(a)(2)$ , $E01(a)(4)$ , and $E01(a)(20)$ organizations must complete lines $E(0)$			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		х
h	Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.	0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUZANNE PELLETIER	(i)	150,000.	20,000.	0.	0.	23,276.	193,276.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
RAINFOREST FOUNDATION US EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED
AGAINST COMPARATIVE ORGANIZATIONS FOR REASONABLENESS AND MUST BY APPROVED
BY THE BOARD OF DIRECTORS.

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

INC.

Attach to Form 990.

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

Name of the organization RAINFOREST FOUNDATION, Employer identification number 95-1622945

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of dete noncash contributi		_	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		0.1	100.000				
9	Securities - Publicly traded	X	21	127,007.	F.W∧			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( CRYPTO CURREN )	X	86	438,845.				
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	jement <b>29</b>				
					_	\	/es	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period?	?			<u>_</u> :	30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
ТНΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 90	0	Schedule M	Eorm	990)	2021

132142 11-17-21

Schedule M (Form 990) 2021

# **SCHEDULE 0** (Form 990)

Internal Revenue Service

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

**Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization

RAINFOREST FOUNDATION, INC. **Employer identification number** 95-1622945

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND ORGANIZATIONS TO SECURE THEIR RIGHTS TO THEIR TRADITIONAL LANDS AND
PROTECT THEIR FORESTS AND LIVELIHOODS. WE ARE TACKLING THE WORLD'S MOST
URGENT CHALLENGES: BIODIVERSITY LOSS, CLIMATE CHANGE, AND HUMAN RIGHTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SECURING AND CONTROLLING THE NATURAL RESOURCES NECESSARY FOR THEIR LONG
TERM WELL BEING AND MANAGING THESE RESOURCES IN WAYS WHICH DO NOT HARM
THEIR ENVIRONMENT, VIOLATE THEIR CULTURE OR COMPROMISE THEIR FUTURE;
AND
DEVELOPING THE MEANS TO PROTECT THEIR INDIVIDUAL AND COLLECTIVE RIGHTS
AND TO OBTAIN, SHAPE AND CONTROL BASIC SERVICES FROM THE STATE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RFUS WORKS WITH INDIGENOUS PEOPLES AND LOCAL COMMUNITIES TO UNDERSTAND
AND
EXERCISE THEIR RIGHTS; MAP AND DEMARCATE THEIR TERRITORIES, AND TO
OBTAIN LEGAL REPRESENTATION TO SECURE LAND RIGHTS, SETTLE DISPUTES AND
SEEK JUSTICE FOR HUMAN RIGHTS VIOLATIONS PERPETRATED AGAINST
ENVIRONMENTAL DEFENDERS.

TERRITORIAL GOVERNANCE AND SECURITY: RFUS SUPPORTS PARTNERS TO MONITOR AND SECURE THEIR TERRITORIES, STRENGTHEN COLLECTIVE FOREST GOVERNANCE AND MANAGEMENT, AND ISSUE EVIDENCE-BASED ADVOCACY TO ADDRESS

DEFORESTATION ON THEIR LANDS.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization

RAINFOREST FOUNDATION, INC.

Employer identification number 95-1622945

DIRECT FINANCE: RFUS SUPPORTS THE ESTABLISHMENT AND FINANCING OF

INDIGENOUS PEOPLES AND LOCAL COMMUNITY-LED TERRITORIAL FACILITIES TO

SUSTAIN FOREST PROTECTION STRATEGIES, THE STRENGTHENING OF PARTNERS'

INSTITUTIONAL CAPACITIES TO ADMINISTER INCREASED FINANCIAL FLOWS, AND

ABILITIES TO NEGOTIATE NEW ECONOMY-BUILDING PARTNERSHIPS FOR THEIR

COMMUNITIES.

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 ACKNOWLEDGES THAT EACH INDIVIDUAL HAS DISCLOSED ANY POTENTIAL CONFLICT OF INTEREST; RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; AND READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE CONFLICT OF INTEREST POLICY. EACH YEAR PRINCIPAL OFFICERS, KEY EMPLOYEES AND/OR COMMITTEE MEMBERS ARE ASKED TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS OF INTEREST WHEN AND IF THEY ARISE AND SIGN AN UPDATED CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

RAINFOREST FOUNDATION US EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED

AGAINST COMPARATIVE ORGANIZATIONS FOR REASONABLENESS AND MUST BE APPROVED

BY THE BOARD OR DIRECTORS