

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or th	e 200	8 cale	ndar year, or tax year beginning 07/01, 2008, and ending			10,2009
B c	eck if ap	plicable	Please	C Name of organization RAINFOREST ALLIANCE, INC.	D Employer lo	lentificati	ion number
Г	Addre		use IRS label or	Doing Business As	13-337	7893	
	7 1	change	print or	Number and street (or P O box if mail is not delivered to street address) Room/si	ute E Telephone r	number	
\vdash	1	return	type See	665 BROADWAY 500	(212) 6	77-15	000
\vdash	Termi		Specific	City or town, state or country, and ZIP + 4	\/	<u>,, </u>	
×	Amen		Instruc- tions	NEW YORK, NY 10012-2420	G Gross receip	nts \$	33,069,337.
A	return Applic			ame and address of principal officer RICHARD RYAN	H(a) is this a gro		
_	pendi	ng	' '''	RICHARD RIAN	affiliates? H(b) Are all affili	•	
_	T				→ `'		ee instructions)
÷		empt sta		▼ 501(c) (3) ◄ (insert no) 4947(a)(1) or 527	 		
				.RAINFOREST-ALLIANCE.ORG	H(c) Group exen		
		of organi			rmation 1986 M	State of	legal domicile NY
Pa	rt I	Sur	mmary	<u></u>			
	1			be the organization's mission or most significant activities			
æ		THE	MISS	SION OF THE RAINFOREST ALLIANCE IS TO PROTECT ECO	SYSTEMS AND		
Governance	l	THE	PEOI	PLE AND WILDLIFE THAT DEPEND ON THEM BY TRANSFORM	ING LAND-US	E	
Ē	ł	PRAC	CTICI	ES, BUSINESS PRACTICES AND CONSUMER BEHAVIOR.			
õ	2	Check	this bo	ox 🕨 🔲 if the organization discontinued its operations or disposed of more than	25% of its assets		
ಹ	3	Numb	er of vo	oting members of the governing body (Part VI, line 1a)		3	21
Activities &				dependent voting members of the governing body (Part VI, line 1b)		4	20
₹				of employees (Part V, line 2a)		5	155
Ç	6	Total r	numbei	of volunteers (estimate if necessary)		6	21
_	7a	Total g	gross u	nrelated business revenue from Part VIII, line 12, column (C)		7a	
				business taxable-income from Form 990-T, line 34		7ь	
				RECEIVED	Prior Year		Current Year
4	8	Contri	bution	and grants (Part VIII, line-1h) ()	17,540,5	04.	19,229,638.
Revenue			1100	ice revenue (Part VIII, line 2g)	9,660,7		13,142,097.
e e	10	Invest	ment ir	come (Part VIII, column (A), lines 3, 4, and 7d)	55,6		71,907.
æ	11	Other	revenu	e (Part:VIII-column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,7		367,339.
	12	Total r	evenue	a - add-lines-8lthrough 11 (must equal Part VIII, column (A), line 12)	27,265,6		32,810,981.
				ımılar amounts paid (Part IX-column (A), lines 1-3)	2,370,9		1,761,627.
				to or for members (Part IX, column (A), line 4)	2,310,3		NONE
				er compensation, employee benefits (Part IX, column (A), lines 5-10)	11,120,4	31	12,730,315.
Expenses				fundraising fees (Part IX, column (A), line 11e)	11,110,4		95,000.
2				sing expenses, Part IX, column (D), line 25) ▶ 1,486,544			33,000.
Ä				ses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,445,3	14	15,400,306.
				es Add lines 13-17 (must equal Part IX, column (A), line 25)			
					25,936,6		29,987,248.
<u>- 9</u>	19	Reven	iue less	s expenses Subtract line 18 from line 12	1,328,9 Beginning of Yo		2,823,733. End of Year
S S	20 21 22	T-6 1		(Dark V. Ima 46)			
SSe	20			(Part X, line 16)	7,822,6		11,027,052.
돌	21			s (Part X, line 26)	4,737,8		6,516,635.
				r fund balances Subtract line 21 from line 20,	3,084,7	<u>91. </u> _	4,510,417.
Pa	rt II	SIE	inatur	e Block			
				es of perjury, I declare that I have examined this return, including accompanying schedules in true, content, and complete Declaration of preparer (other than officer) is based on all			
		and b	iellei, it	is true, covered, and complete Declaration of preparer (other than officer) is based on an	intormation of which	i picpaid	ei ilas ally kilowieuge
	ign	.		ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		<u> 10</u>)
Н	ere		Signatu	re of office	Date		
				WWW.CO.KO.KO.KO.KO.KO.KO.KO.KO.KO.KO.KO.KO.KO			
			Type or	print nagre and title			
_		Prepa	arer's	Date / Check self-		parer's id e instructio	entifying number
Pald	_	signa		Same / 1/2/10/ 6/30//0 emplo			076779
	parer's	Firm's	name (yours WITHUMSMITH+BROWN, P.C.	EIN ▶		2027092
Use	Only	addres	employe ss, and 2		Phone no		-828-1614
Mav	the II			is return with the preparer shown above? (See instructions)			X Yes No
				anorwork Paduction Act Natice see the congrete instructions	<u> </u>		Form 990 (2008)

JSA 8E1010 2 000

27637U M998 06/30/2010 11:12:08 V08-8.3

	Part Statement of Program Service Accomplishments (s	13-337/893 rage =
		see ilisti dedolis)
	1 Briefly describe the organization's mission	
_	THE MISSION OF THE RAINFOREST ALLIANCE I	
_	THE PEOPLE AND WILDLIFE THAT DEPEND ON T	
_	PRACTICES, BUSINESS PRACTICES AND CONSUM	ER BEHAVIOR.
2 D	2 Did the organization undertake any significant program ser	vices during the year which were not listed on
th	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes" describe these new services on Schedule O.	
3 C	3 Did the organization cease conducting, or make significant of	changes in how it conducts, any program
s	services?	Yes X No
lf	If "Yes," describe these changes on Schedule O	
4 D	4 Describe the exempt purpose achievements for each of the or	rganization's three largest program services by expenses
S	Section 501(c)(3) and 501(c)(4) organizations and section 49	47(a)(1) trusts are required to report the amount of grants and
а	allocations to others, the total expenses, and revenue, if any, f	for each program service reported
4a(4a (Code:) (Expenses \$ 10,647,866, including g	rants of \$ 299.) (Revenue \$ 11,166,450.)
		233. / (((0) 0) 0 0 11,100,430.
_	SEE STATEMENT 1	
_		
_		
_		
_		
_		
_		
_		· · <u>-</u>
_		· · · · · · · · · · · · · · · · · · ·
_		
4 h //	4b (Code:) (Expenses \$ 7,091,969. Including (grants of \$894,095.) (Revenue \$1,642,600)
•		9 cinco or \$ 1,642,800)
_	SEE STATEMENT 2	
_		
_		
_		
_		
_		
_		
-		
-		
-		<u>-</u>
	4 (0 1) (5) (D
•	4c (Code) (Expenses \$ including gr	rants of \$) (Revenue \$131,865)
_	SEE STATEMENT 4	
_		
_		
-		
_		
_		
_		
-		
_		
_		
_		
		STATEMENT 6
		5,883.) (Revenue \$ 629,577.)
4e 7	4e Total program service expenses ▶\$ 28,232,614. (A	
JSA		Form 990 (2008)

₹Eorm 9	90,72008)			Page 3
Part				
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete	_		
_	Schedule C, Part II	4	X	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	_		
7	Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	-	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,"			X
•	14.01.44.0.0.4	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		_
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	-10		
	Parts VI, VII, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If Yes, complete Schedule G, Part III	19		<u> </u>
20 21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete	24		X
	Ocho data I	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
		25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
35A 8F1021	1000	Form	330	(2008)

Checklist of Required Schedules (continued) Part IV Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee 28 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII. Section A)? If "Yes," complete Schedule L. 28a x Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes." complete Schedule L. Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, 34 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37

Form 990 (2008)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
•			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	. į		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 <u>2a 155</u>			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a 3b		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
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	4a	x	
	account)?		-	
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
	if "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
_	required to file Form 8282?	76		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		x
	benefit contract?	71		X
'	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
b	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
••	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	1		
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
Ъ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Oloss income from members of shareholders	t		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due of received from them /	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · · If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	and the state of t		1	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions]		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent] :		
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	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		x
6	Does the organization have members or stockholders?	6		x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8 b	x	
9a	Does the organization have local chapters, branches, or affiliates?	9a	x	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9Ь	x	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	x	
11	Is there any officer, director or 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 in Schedule O	11		x
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	x	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE STATEMENT 8			- -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only)		
	available for public inspection Indicate how you make these available. Check all that apply.			
	x Own website x Another's website x Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: PRICHARD RYAN, 665 BROADWAY, SUITE 500 NEW YORK, NY 10012-2420			
	212-677-1900			

Form **990** (2008)

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Posit	ion ((chec	k all	that app	oly)	Reportable	Reportable	Estimated	
	hours per	Individual trustee or director		Officer				compensation	compensation	amount of	
	week		Ē	<u> </u>	ě	ple	me	from	from related	other	
		č a	ğ	-	Key employee	yee cc	٦.	the organization	organizations (W-2/1099-MISC)	compensation from the	
		ੋ ਫ਼੍ਰੋ	al tr		ĕ	ğ	l	(W-2/1099-MISC)	(***2/1033-141150)	organization	
		i ĉe	Institutional trustee	l	"	ens	l			and related	
			ď			Highest compensated employee				organizations	
								-			
SEE SCHEDULE J-2											
**											
											
					•						
 -											
									-		
								ı	1		
	_										
		i		l							
									-		
									}		
,	-							-			
								· · ·		-	
		1		1							

Form **990** (2008)

Part VII Section A. Officers, Directors, Tru	ıstees. Ke	y En	olar	ve	es.	and I	lia	hest Compensat		es (co	ntinued)	Page d
` (A)	(B)	(C)						(D)	(E)		(F	
Name and title	Average hours per week		_		k all	that app) Former	Reportable compensation from	Reportabl compensati from relate	ion	Estim amou oth	ated nt of
	Wook	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizatio	ns	compen from organiz and re organiz	sation the zation lated
												, ,,
	·											
									· · ·			
						:						
											<u>.</u>	
1b Total	· · · · · ·						▶	1,155,698.		NONE		<u>5,594.</u>
2 Total number of individuals (including those organization ▶ 9	e in 1a) w	ho r	ecei	ved	m	ore th	an	\$100,000 in rep 	oortable com	pensati		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu												s No
4 For any individual listed on line 1a, is the	sum of	report	tabl	ес	omį	ensa	tion	and other comp	ensation fro	om [3	X
the organization and related organizations individual						. 					4 3	<u> </u>
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes," Section B. Independent Contractors											5	x
Complete this table for your five highest compensation from the organization	compensat	ed in	dep	end	lent	contr	act	tors that received	l more than	\$100,	,000 of	
(A) Name and business addr	ess							(B) Description of ser	vices	Cor	(C)	
SALESFORCE, PO BOX 842569 BOSTON,	MA 022	84	-		_		C	ONSULTING			154,7	
					_	-	_					
2 Total number of independent contractors (in	ncluding th	10SP	ın 1) u	/ho	recer	Ved	I more than \$100	0.000 in			
compensation from the organization	11	.500		, "			,,,,		.,300 ///			

Pai	rt V&	Statement of Revenue	e		13-3377893						
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
ts st	1a	Federated campaigns	1a								
ĒŽ	ь	Membership dues		626,338.							
S, S	С	Fundraising events		1,315,82 <u>3</u> .							
, gifts, grants ilar amounts	d	Related organizations	1 1			-					
ã.Ë	e	Government grants (contribution	ons) 1e	7,539,848.							
e gi	f	All other contributions, gifts, grants	,								
투송	l	and similar amounts not included a	above . 1f	9,747,629.							
Contributions, and other simil	g	Noncash contributions included in									
	h	Total. Add lines 1a-1f		L .	19,229,638.						
e .				Business Code							
Š	2a	CERTIFICATION FEES		-	12,023,803.	12,023,803.					
8	Ь	CONTRACT INCOME		·	1,118,294.	1,118,294.		 			
Ξ	C					·		 -			
Š	d							 			
Iran	e			·	-			-			
Program Service Revenue	g	All other program service rever Total. Add lines 2a-2f			13,142,097.						
_	3	Investment income (including			13/142/03/.						
	ľ	other similar amounts)			71,907.			71,907.			
	4	Income from investment of tax			NONE						
	5	Royalties · · · · · · · ·			NONE						
			(i) Real	(ıi) Personal							
	6a	Gross Rents									
	ь	Less rental expenses				1					
	c	Rental income or (loss) L				1					
	d	Net rental income or (loss)			NONE						
	7a	Gross amount from sales of	(ı) Securities	(ıi) Other	Ì						
	ļ	assets other than inventory									
	ь	Less cost or other basis						-			
	ŀ	and sales expenses									
	c	Gain or (loss) L						İ			
	d	Net gain or (loss)		· · · · · · •	NONE						
-	8a		ndraising	STMT 10							
Other Revenue		events (not including \$		SIMI IO		į					
ě		of contributions reported on lin		197,300.							
E .	ь	Less direct expenses			1						
Ě	6	Net income or (loss) from fund			-61,056.						
	9a		-								
	-	See Part IV, line 19				1		-			
	ь	Less direct expenses		I i							
	c	Net income or (loss) from gam		<u> </u>	NONE						
	10a	Gross sales of inventor	y, less								
	•	returns and allowances	а								
	ь	Less: cost of goods sold				ŀ					
	<u>C</u>	Net income or (loss) from sales			NONE		<u> </u>				
	<u> </u>	Miscellaneous Revenue		Business Code							
	11a	OTHER INCOME			428,395.	428,395.					
	b				 			+			
	C							 			
	d	All other revenue			428,395.						
	4 2	Total. Add lines 11a-11d Total Revenue. Add lines 1h, :		- 1	420,393.						
	12	9c, 10c, and 11e	•		32,810,981.	13,570,492.		71,907.			
	-										

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must comple		not required to com	plete columns (B), (C),	and (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and				
organizations in the U.S. See Part IV, line 21	371,029.	371,029.		
2 Grants and other assistance to individuals in			1	
the U.S. See Part IV, line 22	NONE			·
3 Grants and other assistance to governments,				
organizations, and individuals outside the	i			
U S See Part IV, lines 15 and 16	1,390,598.	1,390,598.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	624,033.	248,846.	197,170.	178,017
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	9,143,710.	8,545,873.	6,642.	591,195
8 Pension plan contributions (include section 401				
(k) and section 403(b) employer contributions)	175,084.	166,856.		8,228
9 Other employee benefits	1,852,955.	1,761,454.		91,501
10 Payroll taxes	934,533.	888,205.	<u></u>	46,328
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	54,771.	54,771.		
c Accounting	112,378.	112,378.		
d Lobbying	none			
e Professional fundraising services See Part IV, line 17	95,000.			95,000
f Investment management fees	NONE			
g Other	NONE			
12 Advertising and promotion	NONE	I		
13 Office expenses	1,248,583.	1,056,522.	8,536.	183,525
14 Information technology	NONE			-
15 Royalties	NONE			
16 Occupancy	1,475,097.	1,420,782.	8,194.	46,121
17 Travel	2,068,298.	2,014,098.	11,227.	42,973
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE	"		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	50,886.	38,861.	368.	11,657
23 Insurance	NONE			
24 Other expenses Itemize expenses not				
covered above (Expenses grouped together			1	
and labeled miscellaneous may not exceed			1	
5% of total expenses shown on line 25 below)			<u> </u>	
a CONSULTANTS	4,958,343.	4,930,069.	10,128.	18,146
b CERTIFICATION	3,483,064.	3,483,048.	-2.	18
c WORKSHOPS	467,785.	465,495.	295.	1,995
d OTHER OFFICE EXPENSES	1,442,298.	1,244,979.	25,524.	171,795
e FOREIGN_INCOME_TAX	38,803.	38,750.	8.	45
f All other expenses	22,000.			
25 Total functional expenses. Add lines 1 through 24f	29,987,248.	28,232,614.	268,090.	1,486,544
26 Joint Costs. Check here			200,030.	±, 200, 344
SOP 98-2 Complete this line only if the organization				
reported in column (B) joint costs from a				
combined educational campaign and fundraising				
solicitation				5 990 (2008

Par	TΧ	Balance Sneet					
•			(A) Beginning of year			(B) of yea	ar
\top	1	Cash - non-interest-bearing	1,861,565.	1	3.	244.	303.
	2	Savings and temporary cash investments	1,057,437.	-			489.
	3	Pledges and grants receivable, net	2,073,217.				823.
	4	Accounts receivable, net	2,184,842.	$\overline{}$			737.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties Complete Part II of Schedule L		5			
- 1	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II					
Ì		of Schedule L		6			
ş	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use		8			
₹	9	Prepaid expenses and deferred charges	358,113.	9		305,	<u>749.</u>
-	10a	Land, buildings, and equipment cost basis 10a 723,625					
	b	Less accumulated depreciation Complete					
		Part VI of Schedule D	135,332.	10c		141,	<u>936.</u>
	11	Investments - publicly traded securities	33,746.	11		25,	446.
-	12	Investments - other securities. See Part IV, line 11 · · · · · · · · · · · · · ·		12	1,	039,	231.
	13	Investments - program-related See Part IV, line 11		13			
- 1	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14			
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	118,366.	15		186,	<u> 338 .</u>
$\overline{}$	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,822,618.				<u>052.</u>
- 1	17	Accounts payable and accrued expenses	2,103,980.		3,	<u>988,</u>	<u> 204.</u>
	18	Grants payable		18			
	19	Deferred revenue	216,000.	19			NONE
	20	Tax-exempt bond liabilities		20			
a l i	21	Escrow account liability. Complete Part IV of Schedule D		21			
- 	22	Payables to current and former officers, directors, trustees, key employees,					
雪		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties STMT- 15.	0 201 750	23		201	750
- 1	23 24	Unsecured notes and loans payable	2,391,750.	24	<u> </u>	<u> 391,</u>	<u>750.</u>
- 1	25	Other liabilities Complete Part X of Schedule D	26,097.	25		126	681.
1 7	26	Total liabilities. Add lines 17 through 25	4,737,827.	26			635.
- 		Organizations that follow SFAS 117, check here ▶ 🕱 and complete	4,/3/,02/.		0,	<u> </u>	<u>033.</u>
8		lines 27 through 29, and lines 33 and 34.					
횥	27	Unrestricted net assets	-275,183.	27	-1.	265.	304.
	28	Temporarily restricted net assets	3,359,974.	28			721.
8	29	Permanently restricted net assets	NONE				000.
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and	33333				
		complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds		32			
_	33	Total net assets or fund balances	3,084,791.	33	4,	<u>510,</u>	<u>417.</u>
_	34	Total liabilities and net assets/fund balances	7,822,618.	34	11,	<u>027,</u>	<u>052.</u>
Par	t XI	Financial Statements and Reporting					l Na
1	A	unting method used to prepare the Form 990. Cash 🕱 Accrual Othe	_			Yes	No
		unting method used to prepare the Form 990 Cash Accrual Othe the organization's financial statements compiled or reviewed by an independent account			2a		x
		the organization's financial statements compiled or reviewed by an independent accountant?				x	_
		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility			- -	├	
		, review, or compilation of its financial statements and selection of an independent accou	=		2c	x	1
		result of a federal award, was the organization required to undergo an audit or audits as s			1	 -	
		ingle Audit Act and OMB Circular A-133?			За	x	
		es," did the organization undergo the required audit or audits?			_ 	X	
							(2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

RA	NFO		IANCE, INC.								77893
Pa	t I	Reason fo	or Public Char	ity Status (All organ	izations m	ust comp	lete this	part.) (se	e instru	ctions)	
The	orga	nization is no	ot a private found	dation because it is: (P	lease checl	c only one c	organizati	on)			
1	Ш	A church, c	onvention of chu	rches, or association	of churche:	s described	in sectio	n 170(b)	(1)(A)(I).		
2				o n 170(b)(1)(A)(II). (At		•					
3	Щ	-	-	hospital service organ							•
4		A medical	research organi	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(Ь)(1)	(A)(III). Enter the
		-	ame, city, and st								
5		_	•	or the benefit of a col	lege or un	iversity ow	ned or o	perated 1	by a gove	ernmental	unit described in
			(b)(1)(A)(Iv). (C								
6	Ш		-	vernment or governme							
7	X	_		lly receives a substan		its suppor	t from a	governme	ental unit	or from t	he general public
				(1)(A)(vI). (Complete F	-						
8	Н		-	d in section 170(b)(1) (-	•				
9	لــا	_		lly receives (1) more							
		•		ted to its exempt fun		-		•			
			•	ment income and un				•		511 tax)	from businesses
4.0			_	n after June 30, 1975.						/ ·	
10 11	H	•	_	and operated exclusive	-	•	•			•	•
	ш	_	-	and operated exclusion ublicly supported organical controls.	•		•				•
			•	at describes the type of					•	•	
		a Typ	_		<u> </u>	e III - Func		•			pe III - Other
e			-	ertify that the organiz			•	•		′	•
Ī		-	_	ion managers and oth				-			•
		•	r section 509(a)(-			,,		J		
f				i a written determina	tion from	the IRS tha	atıtıs a	Type I,	Type II o	r Type III	supporting
		_	n, check this box					••			
g		Since Augus	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	m any of	the		
		following pe	ersons?								
		(i) A pers	on who directly	or indirectly controls	, either ale	one or tog	ether wit	h person	s descrit	oed in (ii)	Yes No
		and (III)	below, the gove	erning body of the supp	ported orga	anization?					11g(i) X
		(II) A famil	y member of a p	erson described in (i) a	bove?						11g(ii) X
		(III) A 35%	controlled entity	of a person described	l ın (ı) or (ıı)	above?					11g(III) X
h		Provide the	following inform	ation about the organi	zations the	organizati	on suppo	rts.			
(i) l		of supported	(ii) EIN	(iii) Type of organization				ou notify		s the	(vii) Amount of
	orga	nization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col	support
				(see instructions))		,	<u> </u>	oort?	· U	S?	
					Yes	No	Yes	No	Yes	No	
			_	-		 	 	-	ļ		
			 	-			 				
										 	
		_				<u> </u>	 				
	_						 				
Tota	ıl										

Schedule A (Form 990 or 990-EZ) 2008

Pai	(Complete only if you che	ganizations D cked the box o	escribed in S n line 5, 7, or 8	ections 170(b of Part I.))(1)(A)(iv) and	170(b)(1)(A)(v	i)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,058,842.	5,151,139.	7,654,259.	18,221,104.	19,032,109.	55,117,453.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	5,058,842.	5,151,139.	7,654,259.	18,221,104.	19,032,109.	55,117,453.
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included		-				
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				!!!!!.!!!		
_6	Public support. Subtract line 5 from line 4	<u> </u>					55,117,453.
	tion B. Total Support			(),,,,,,,		(),	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	5,058,842.	5,151,139.	7,654,259.	18,221,104.	19,032,109.	55,117,453.
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,042.	6,302.	32,124.	55,664.	71,907.	167,039.
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 IV)	46,809.	121,066.	139,763.	103,950.	428,395.	839,983.
11	Total support. Add lines 7 through 10						56,124,475.
12	Gross receipts from related activities, etc. (3	See instructions)			1	12	52,030,327.
13	First five years. If the Form 990 is for the						
	organization, check this box and stop here						<u></u>
Sec	tion C. Computation of Public Sup	_		. =			
14	Public support percentage for 2008 (li	ne 6, column (f)	divided by line	11, column (f))		14	98.21 %
15	Public support percentage from 2007						94.73 %
16a	33 1/3% support test - 2008. If the o						
	and stop here. The organization qualit						
b	33 1/3% support test - 2007. If the o	-					
	box and stop here. The organization of	•		_			
17a	10%-facts-and-circumstances test -						
	is 10% or more, and if the organizatio					-	
	in Part IV how the organization meets			_	•		ported
	organization						▶□
b	10%-facts-and-circumstances test -	_					line
	15 is 10% or more, and if the organiza					•	
	Explain in Part IV how the organization supported organization						▶ 📙
18	Private foundation. If the organization instructions						▶□

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 0 of Dark')

Section A. Public Support							
C	alendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					ĺ	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's					-	
_	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities				·		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
	Amounts included on lines 1, 2, and 3						
, .	received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the						
	year or \$5,000			<u> </u>			
_	Add lines 7a and 7b						
8	* * * * * * * * * * * * * * * * * * * *			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
800	tion B. Total Support			I	<u> </u>		<u> </u>
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	(4) 2001	(5) 2555	(0,2000	(4) 2007	(0) 2000	(i) rotai
	Gross income from interest, dividends,			-			
	payments received on securities loans,						
	rents, royalties and income from similar						
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	<i>'</i>						
_	acquired after June 30, 1975			<u> </u>			-
	Net income from unrelated business				· -		
11	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.0	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						ł
	and 12)						
14	First five years. If the Form 990 is for	•	•	•	•		```
5-0	organization, check this box and stop here	_		<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Rubbs support percentage for 2008 (line 8					45	<u></u> %
15	Public support percentage for 2008 (line 8 Public support percentage from 2007 Sche					16	
16				· · · · · · · · · · · · · · · · · · ·	• • • • • • • •	16	<u> </u>
	tion D. Computation of Investmen			12 (0)		4-1	
17	Investment income percentage for 2008 (In					17	<u></u>
18	Investment income percentage from 2007					18	
19a	33 1/3% support tests - 2008. If the org						
	17 is not more than 33 1/3 %, check this bo						
Ь	33 1/3% support tests - 2007. If the orga						
	line 18 is not more than 33 1/3 %, check this						
20_	Private foundation. If the organization did	not check a box o	n line 14, 19a, o	r 19b, check this b	ox and see instru	ctions	▶

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

		organizations Complete Part III.			
	ame of organization				ification number
	INFOREST ALLIANCE,	<u>INC.</u> ed by all organizations exempt	tunder section 50		377893 manizations
ΓŒ	-	ons for Schedule C for details.	under section of	ric, and secuon of o	rganizations.
1	Provide a description of t	he organization's direct and indirect	t political campaign	activities in Part IV	
2					
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
Pa	_	ed by all organizations exempt ons for Schedule C for details.	under section 501	1(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizat	ion under section 49	955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization i	managers under se	ction 4955 🕨 🕈	
3		d a section 4955 tax, did it file Forr			
4a b	Was a correction made? If "Yes," describe in Part I\				··· L Yes L No
_		ed by all organizations exemp	t under section 50	01(c), except section 5	D1(c)(3).
		ions for Schedule C for details.			
1	Enter the amount directly	expended by the filing organization	n for section 527 ex		
2		ling organization's funds contributed	-		
_		vities			
3		t exempt function expenditures. Ad			
A	Did the filing organization	7b			Yes No
5		es and employer identification number			
-		nount paid and indicate if the amo			
		d promptly and directly delivered to			eparate segregated fund
	or a political action comm	ittee (PAC) If additional space is ne	eded, provide inforn	nation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2008

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendi	tures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount	NONE	NONE	NONE	4,341.	4,341
b Lobbying ceiling amount (150% line 2a, column(e))					6,512
c Total lobbying expenditures				4,341.	4,341
d Grassroots non-taxable amount				250,000.	250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures				-	

Schedule C (Form 990 or 990-EZ) 2008

Yes x No

section 4911 tax for this year? . .

Pa	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for d	NOT etail	filed s.	For	n		
			a)		(b))	
		Yes	No	_	Amoi	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	_					
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?						
ï	Other activities? If "Vee " describe in Part IV						
j	Other activities? If "Yes," describe in Part IV						
у 2 а	Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-					
- u b	If "Yes," enter the amount of any tax incurred under section 4912						
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ì				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501	(c)(5), or		
	section 501(c)(6). See the instructions for Schedule C for details.						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?						•
Pa	To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No						
	question 3 is answered "Yes." See Schedule C instructions for details.	, 0	K II	ran	111-74,		
1	Dues appearant and similar analysis from members			1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amou			-			
_	political expenses for which the section 527(f) tax was paid).		٠				
а	Current year		ŀ	2a			
b	Carryover from last year	• •	۱۰۰۱	2b			
C	Total	• •	۱ إ	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	s · ·	ا ` ` `	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		e				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo						
		-	_	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5			
Pa	t IV Supplemental Information						
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, complete this part for any additional information	line	5 and	Part	II-B, lin	ne 1i	

JSA 8E1266 1 000 Schedule C (Form 990 or 990-EZ) 2008

Schedule C (F	Form 990 or 990-EZ) 2008	13-3377893	Page 4
Part IV	Supplemental Information (continued)		
 -			

'SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization		Employer identification number
RAI	NFOREST ALLIANCE, INC.		13-3377893
Pai	Organizations Maintaining Donor Adv the organization answered "Yes" to For		or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	, "	.
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held in c	lonor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the b		
	impermissible private benefit?	<u> </u>	Yes No
Pai	t Conservation Easements. Complete it	<u>f the organization answered "Yes" to f</u>	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	eation or pleasure) Preservation	of an historically importantly land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qui	alified conservation contribution in the for	m of a conservation easement
	on the last day of the tax year		Hold at the End of the Year
			Held at the End of the Year
а	Total number of conservation easements		
þ	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or termin	nated by the organization during
	the taxable year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
_	enforcement of the conservation easements it hold		
6	Staff or volunteer hours devoted to monitoring, ins	-	
7	Amount of expenses incurred in monitoring, inspec	-	
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		1 1 1
9	In Part XIV, describe how the organization reports		
•	balance sheet, and include, if applicable, the text of		-
	the organization's accounting for conservation easi		siai statements that describes
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116, not to report in its revenue state	ment and balance sheet works of
	art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education, or rese inancial statements that describes these it	earch in furtherance of public service, rems
ь	If the organization elected, as permitted under SF		
_	historical treasures, or other similar assets held fo	r public exhibition, education, or research	
	provide the following amounts relating to these item		
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, hi		for financial gain, provide the
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line ${\bf 1}$.		
Ь	Assets included in Form 990, Part X		▶ \$
For I	rivacy Act and Panenwork Reduction Act Notice, see the Instru	tions for Form 990	Schedule D (Form 990) 2008

Pai	Organizations Maintaining C	ollections of Art, Hi	storical	Treasures	, or Ot	<u>ner Similar Ass</u>	ets (contin	ued)	
•				£alla			ونعم والممارية عراق	_	
3	Using the organization's accession and o	omer records, check a	ny or the	tollowing tr	iat are a	a significant use o	ot its collection	n	
_	items (check all that apply):	_	$\overline{}$	l	.				
a		q	\vdash	Loan or exc	nange p	orograms			
b	Scholarly research	e	Ш	Other					
C	Preservation for future generation		a.a ba t	hav furthar	+h.o. o.r.a.	anizatian'a avami			
4	Provide a description of the organization Part XIV	s collections and expi	am now t	ney luriner	the orga	anization's exemp	ot purpose ii	1	
5	During the year, did the organization sol	icit or receive donation	oc of ort	historical tr	00011500	or other similar			
J	assets to be sold to raise funds rather th						П үе		7 ма
Par	t IV Trust, Escrow and Custodial							3	No
, 41	Part IV, line 9, or reported an				on ans	wered res to	01111 330,		
			,,	·, ····-					
1a	Is the organization an agent, trustee, cus	todian or other interm	ediary fo	r contributio	ns or o	ther assets not			
	included on Form 990, Part X?		-				TYe	s 「	No
b	If "Yes," explain the arrangement in Part								
	, ,	,		ſ		Amo	unt	_	
C	Beginning balance			[1c				
	Additions during the year			<u> </u>	_				
e	Distributions during the year			[1e		······································		
f	Ending balance			[1f				
2a	Did the organization include an amount	on Form 990, Part X, I	ine 21?				Ye	s .	No
b	If "Yes," explain the arrangement in Part	XIV							
Par	tV Endowment Funds. Complet	e if organization ans	wered "	Yes" to Fo	rm 990	, Part IV, line 10).		
	(a)	Current Year (b) Price	or year	(c) Two yea	rs back	(d) Three years b	ack (e) Fo	ur years	back
	Beginning of year balance			····					
b	Contributions	1,000,000.							
C	investment earnings or losses	39,231.							
d	Grants or scholarships								
e	Other expenditures for facilities .						1		
_	and programs								
	Administrative expenses								
g		1,039,231.				1			
2	Provide the estimated percentage of the	•	as:						
	Board designated or quasi-endowment								
b	Permanent endowment ▶ 100.0000 Term endowment ▶ %	, %o							
			.:						
Ja	Are there endowment funds not in the progration by	ossession of the organ	nzauon u	iat are neid	and ad	ministered for the		Yes	No
	organization by (I) unrelated organizations						3a(I)		-
	(ii) related organizations						3a(ii	_	X
h	If "Yes" to 3a(II), are the related organiza							1	X
4	Describe in Part XIV the intended uses o	•					• • •		<u> </u>
_	t VI Investments - Land, Buildings				t X. line	10.			
ı Gı	Description of investment	(a) Cost or other basi		Cost or other			(d) Book	ralua -	
	Secondition of infections.	(investment)		asis (other)	(6)	Depreciation	(a) book	alue	
1a	Land		_						
b	Buildings			•					
	Leasehold improvements			60,27	5.	17,897.		42,3	78.
d	Equipment			132,50		125,304.			02
е	Other			530,84		438,488.		92,3	
	I. Add lines 1a-1e. (Column (d) should equ		column (B				1	41,9	
			•			· · · · · · · · · · · · · · · · · · ·			

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See	Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation [.] Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CERTIFICATES OF DEPOSIT	1,039,231.	FMV
	- 	
	-	
		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1.039.231	
Part VIII Investments - Program Related. See		ne 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
 		
	/ lim a 45	
Part IX Other Assets. See Form 990, Part X		(h) Paskuskus
	(a) Description	(b) Book value
		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. See Form 990, Par		
(a) Description of liability	(b) Amount	
Federal income taxes		
DEFERRED RENT LIABILITY	136,681.	
	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	136,681.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008

	13-3377893			
Part		_		
1 `	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	<u> </u>	32,810,981.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	ــــــ	29,987,248.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		2,823,733.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5	<u> </u>	
6	Investment expenses	6		
7	Prior period adjustments	7		-1,398,118.
8	Other (Describe in Part XIV)	8		_
9	Total adjustments (net). Add lines 4-8	9		-1,398,118.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10		1,425,615.
Part		turr	1	
1	Total revenue, gains, and other support per audited financial statements		1	33,604,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· ·	<u>-</u>	
a	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b 793,41	╗		
	Recoveries of prior year grants 2c	·•·		
C		\dashv	1	
d	Other (Describe in Part XIV)	\dashv	.	
e	Add lines 2a through 2d	⋅⋅⊦	2e	793,410.
3	Subtract line 2e from line 1	··⊦	3	32,810,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)	_		
C	Add lines 4a and 4b	•	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	<u>32,810,981.</u>
Part		<u>Retu</u>	m_	
1	Total expenses and losses per audited financial statements	L	1	<u>30,780,657.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 793,40	9.		
Ь	Prior year adjustments 2b		}	
C	Losses reported on Form 990, Part IX, line 25		1	
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d		2e	793,409.
3	Subtract line 2e from line 1	· ·	3	29,987,248.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	'		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
_ b	Other (Describe in Part XIV)	\neg	l	
_	Add lines 4a and 4b	一	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	29,987,248.
	XIV Supplemental Information	• •	<u> </u>	29,901,240.
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa	art IV	, lines	s 1b
	b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.			
ORGA	NIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48			
SCHE	DULE D, PAGE 3, PART X			
RA E	AS DEFERRED THE APPLICATION OF THE ACCOUNTING PRONOUNCEMENT ON			
ACCC	UNTING FOR UNCERTAINTY IN INCOME TAXES UNTIL ITS FIRST FISCAL YEAR			
BEGI	NNING AFTER DECEMBER 15, 2008. RA'S ACCOUNTING POLICY IS TO EVALUAT	E		
				
TINICE	RTAIN TAX POSITIONS IN ACCORDANCE WITH FASB NO. 5 "ACCOUNTING FOR			
<u> </u>				
CONTE	TNGPNCTPS//			
CONJ	INGENCIES".			

Schedule D (Fo	rm 990) 2008	13-3377893	Page 5
Part XV	rm 990) 2008 Supplemental Information (con	ntinued)	
· 			

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Employer identification number

RA:	INFOREST ALLIANCE,	INC.			13-	-3377893
		tion on Activ		the United States. Co		
1	For grantmakers. Does to assistance, the grantees' the grants or assistance? For grantmakers. Describe United States	eligibility for th	ne grants or a	ssistance, and the select	tion criteria used to av	ward X Yes No
3		Schedule F-1	(Form 990) if	additional space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
OR!	TH AMERICA	2	9	PROGRAM SERVICES	SMARTWOOD, TREES	2,655,948.
CEN'	TRAL AMERICA/CARIBBEAN	4	102	PROGRAM SERVICES	AGRICULTURE	5,839,248.
30U.	EH AMERICA	2	29	PROGRAM SERVICES	SMARTWOOD, TREES	6,995,196.
Las:	ASIA AND THE PACIFIC	1	14	PROGRAM SERVICES	SMARTWOOD, TREES	2,093,357.
EUR	PPE	2	13	PROGRAM SERVICES	SMARTWOOD, TREES	1,281,525.
RUS!	BIA/INDEPENDENT_STATES	NONE		PROGRAM SERVICES	SMARTWOOD, TREES	56,797.
BUB-	-SAHARAN AFRICA	NONE		PROGRAM SERVICES	SMARTWOOD, AGRICULTUR	1,839,699.
						[
				_		
Tot	als	_11	167			20,761,770

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

Schedule F (Form 990) 2008

Page 2

Schedule F	Schedule F (Form 990) 2008
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990.
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 •
	USe Schedule F-1 (Form 990) if additional space is needed.

(f) Method of valuation (book, FMV, appraisal, other)													į		
(h) Description of non-cash assistance															
(g) Amount of non-cash assistance															
(f) Manner of cash disbursement		EFT	eft	ept	BFT	LFT	Let	ret	ret	EFT	EFT	EFT	EFT	EFT	
(e) Amount of cash grant	39,532.	36,436.	154,821.	32,000.	48,116.	.000,6	94,745.	134,985.	.609	88,992.	278,799.	205,216.	. 190,067.	161,094.	
(d) Purpose of grant	ADOPT A RAIN	PROMOTE SUST	AMAZON BASIN	EVALUATION &	BIODIVERSITY	SUSTAINABLE	SUSTAINABLE	BIODIVERSITY	AMAZON BAS	BIODIVERSITY	SUSTAINABLE	BIODIVERSITY	SUSTAINABLE	BIODIVERSITY	
(c) Region	CENT. AMERICA/CARIBBEAN		SOUTH AMERICA	CENT. AMERICA/CARIBBEAN		AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	CENT. AMERICA/CARIBBEAN	SOUTH AMERICA	/CARIBBEAN		CENT. AMERICA/CARIBBEAN		TH AMERICA	
(b) IRS code section and EIN (if applicable)															
(a) Name of organization and EIN (if applicable)															

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has

Schedule F (Form 990) 2008

33

NONE

Page 3

Schedule F (Form 990) 2008

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement EFT 15,000. (d) Amount of cash grant (c) Number of recipients (b) Region SOUTH AMERICA EVALUATION AND RESEARCH SUPPORT GRANT (a) Type of grant or assistance

Schedule F (Form 990) 2008

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection **Employer Identification number**

OMB No 1545-0047

RAINFOREST ALLIANCE, INC. 13-3377893 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations |x | X Email solicitations Solicitation of government grants X Phone solicitations X Special fundraising events C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? X Yes If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (v) Amount paid to (vi) Amount paid to (I) Name of individual (III) Did fundraiser have (Iv) Gross receipts (ii) Activity or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) contributions? fundraiser listed in organization col (I) Yes No CHECKOWAY CONSULTING AND **FUNDRAISING** CONSULTING 32,000 CREATIVE X **FUNDRAISER** RAYBIN ASSOCIATES CONSULTANT 63,000 x <u>95,0</u>00 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Pa		more than \$15,000 on Form						опе	a
·		,	(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota			
			(event type)	(event type)	(total number)				
Revenue		Gross receipts	1,513,123.				1,5	<u>13,</u>	123
~		Less Charitable contributions	1,315,823.			 	1,3	15,	<u>823</u> .
		Gross revenue (line 1 minus line 2)	197,300.			 	1	.97,	300
	4	Cash prizes							
seuses	5	Non-cash prizes	-						
Direct Expenses	6	Rent/facility costs							
۵		Other direct expenses				<u> </u>	2	58,	<u>356.</u>
		Direct expense summary Add lines 4							<u>56.)</u>
Pa	9 [1]	Net income summary Combine lines Gaming. Complete if the ord							056
Га	II	than \$15,000 on Form 990-		163 101 01111 330, F2	arriv, line 19, or rep	orteu i	11016		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) To col. (a)	tal gar) throu		
Rev	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Non-cash prizes				 			
Direc	4	Rent/facility costs							
	5	Other direct expenses		· · · · · · · · · · · · · · · · · · ·	 	<u> </u>			
	6	Volunteer labor	Yes%	Yes% No	Yes%				
	7	Direct expense summary Add lines 2	through 5 in column (d)		▶	()
	8	Net gaming income summary Combi	ine lines 1 and 7 in colur	nn (d)					
					-			Yes	No
9 a		nter the state(s) in which the organizat the organization licensed to operate g					9a		
t) If '	"No," Explain [.] 							
		ere any of the organization's gaming l	icenses revoked, suspe	nded or terminated dur	ng the tax year?		10a		
t) If ' 	"Yes," Explain 							
11 12		pes the organization operate gaming a the organization a grantor, beneficiary	activities with nonmembe			· -	11		
		rmed to administer charitable gaming?				<u>.</u>	12		2008

Sched	ule & (Form 990 or 990-EZ) 2008 13-3377893			Page :
13 ' a b 14	Indicate the percentage of gaming activity operated in The organization's facility		Yes	No
	Name ▶			
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	Name ►			
16	Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer			
17 a	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to			

Schedule G (Form 990 or 990-EZ) 2008

in the organization's own exempt activities during the tax year ▶\$

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization RAINFOREST ALLIANCE, INC.

Grants and Other Assistance to Organizations,

Complete If the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990. Governments, and Individuals in the U.S.

OMB No 1545-0047	2008
------------------	------

Open to Public

Inspection

Employer Identification number × 13-3377893 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance

the selection criteria used to award the grants or assistance?	grants or assista	۸.		•			X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for n	nonitoring the us	se of grant funds in th	e United States			
Part Grants and Other Assistance to Governments	to Governme		and Organizations in the United States. Complete if the organization answered "Yes" on	ited States. Comp	olete if the organiza	ition answered "Ye	ss" on
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	any recipient orm 990) if a	t that received dditional space	f more than \$5,000 e is needed	Check this box if	no one recipient re	eceived more thar	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AG INNOVATIONS NETWORK							
CONNERDADE TAMEDIATIONAL	68-0462304	50103	78,000.				BUSTAINABLE TRADING
2345 CRYSTAL DRIVE, SUITE 301	13-6183605	50103	80,680.				BUSTAINABLE TRADING
CATHOLIC RELIEF SERVICES	13-5563422	501C3	129,162.				BUSTAINABLE TRADING
SUSTAINABILITY INSTITUTE 3 LINDEN ROAD HARTLAND, VT 05048	02-0492913	501C3	83,187.				BUSTAINABLE TRADING
						:	
2 Enter total number of section 501(c)(3) and government or	and governme	nt organizations					4

3 Enter total number of other organizations.

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

Schedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United Use Schedule I-1 (Form 990) if additional space is needed		ie United States needed.	. Complete if the	e organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV	Supplemental Information. Complete this pa	te this part to	provide the info	ormation required	I in Part I, line 2, and any	rt to provide the information required in Part I, line 2, and any other additional information.
PROCEDU	PROCEDURES FOR MONITORING THE USE OF GRAN	OF GRANT F	T FUNDS IN THE	D.S.D.	3 6 6 7 7 1	
CHEDOI	SCHEDULE I, PAGE 1, PART 1, ITEM 2]		111111111111111111111111111111111111111		
MINEOR	RAINFOREST ALLIANCE MONITORS FUNDS THROUGH IT'S LOCAL OFFICE'S REGULAR	THROUGH I	I'S LOCAL OF	FICE'S REGUL	<u>AR</u>	
INTERAC	INTERACTION WITH THE RECIPIENT AND REGULA	REGULAR RI	EPORTING REQ	R REPORTING REQUIREMENTS THAT	AT.	
ARE DES	ARE DETERMINED FOR EACH PARTY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		; ; ; ; ; ;		
 		 	1 1 1 1 1 1 1 1	 		
] 						
)) ! ! ! !	 			
]]]]		 	 1 1 1 1 1 1	 		

Schedule I (Form 990) 2008

ີSCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer Identification number

RAINFOREST ALLIANCE, INC. 13-3377893 Part 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 in 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 (e g, maid, chauffeur, chef) b If line 1a is 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 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? **b** Any related organization? 5b X If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.

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

a The organization?

b Any related organization?

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Schedule J (Form 990) 2008

6a

6b

7

X

If "Yes" to line 6a or 6b, describe in Part III

13-3377893

Schedule J (Form 990) 2008

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(I) Base	(II) Bonus & incentive	(III) Other	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or
		COLLIDERISARION	COLLIDERISATION	compensation				Form 990-EZ
	ε	136,745.	NONE	NONE	NONE	18,164.	154,909.	NONE
ANA PAULA TAVARES	(E)	NONE			NONE	NONE	NONE	NONE
	©	191,203.	1	NONE	NOME	19,649.	210,852.	
TENSIE WHELAN	€	NONE	NONE		NONE	NONE	NONE	
	€							
	(II)							
	€							
	(II)							
	Θ							
	(II)							
	(1)							
	(E)							
	€							
	€		; ; ; ; ; ; ;			; ; ; ; ; ; ; ; ;		
	ε							
	(III)							
	⊕							
	(11)							
	(i)							
	(E)							
	Θ							
	€							
	ε		 		 	 		
	€							
	€							
	€							
	€	 	 		1			
	(E)							
	€] 						
	8							
	€			1				
	(8)							
							Sche	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

RAINFOREST ALLIANCE, INC.

13-3377893

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees										
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and Title	Average hours	Posi	Position (check all that apply)		Reportable	Reportable	Estimated			
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			· ·			ated				
DANIEL R. KATZ										
CHAIR	1.	X	L					NONE	NONE	NONE
LABEEB ABBOUD		i								
DIRECTOR	1.	X		<u> </u>			<u> </u>	NONE	NONE	NONE
BERT_AERTS										
DIRECTOR	1.	X		Ш		<u> </u>	L	NONE	NONE	NONE
ADAM ALBRIGHT			ŀ							
DIRECTOR	1.	X	_	Н			_	NONE	NONE	<u>none</u>
DR. NOEL BROWN	_									
DIRECTOR	1.	X	\vdash	Н			<u> </u>	NONE	NONE	<u>NONE</u>
DANIEL COHEN										
DIRECTOR	1.	X						NONE	NONE	<u>NONE</u>
ROGER DEROMEDI										
DIRECTOR	1.	X	\vdash	\vdash				NONE	NONE	NONE
DR. FRANK J. DOTTORI						İ				2702
DIRECTOR	1	X				<u> </u>		NONE	NONE	<u>NONE</u>
DR. KARL FOSSUM	1.							370377	370377	1101TE
DIRECTOR	1.	X		H			\vdash	NONE	NONE	<u> NONE</u>
WENDY GORDON	1.					ĺ		NONE	27027	MONTE
VICE CHAIR	1.	X	\vdash	H		 		NONE	NONE	NONE
HENRY_JUSZKIEWICZ DIRECTOR	1.	x				ļ		NONE	NONE	NONE
SUDHAKAR KESAVAN		_						NORE	NONE	NONE
DIRECTOR	1.	x						NONE	NONE	NONE
MARY STUART MASTERSON	**							HORE	HORE	HORE
DIRECTOR	1.	x						NONE	NONE	NONE
BRENDAN MAY	-	_		П				NONE	NONE	HOME
DIRECTOR	1.	x						NONE	NONE	NONE
ERIC_ROTHENBERG	_							314312		
DIRECTOR	1.	x						NONE	NONE	NONE
PETER_M. SCHULTE										
DIRECTOR	1.	x		x				NONE	NONE	NONE
KERRI A. SMITH										
DIRECTOR	1.	x						NONE	NONE	NONE
MARTIN TANDLER										
DIRECTOR	1.	x						NONE	NONE	NONE
ANNEMIEKE WIJN				П						
DIRECTOR	1.	x		Ш				none	NONE	NONE
DAVID_WASSERMAN										
DIRECTOR	1.	x						NONE	NONE	NONE
ALAN WILZIG										
DIRECTOR	1	x						NONE	NONE	none
For Privacy Act and Paperwork Reduction A	Act Notice, see 1	the In	stru	ctlo	ns f	or Fo	rm s	990.	Schedule .	J-2 (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

8E1294 1 000 27637U M998 06/30/2010 11:12:08 V08-8.3

Schedule J-2 (Form 990) 2008

(Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

RAINFOREST ALLIANCE, INC.

13-3377893 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours	a a supplied to the supplied t			oly)	Reportable	Reportable	Estimated		
	per [*] week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ANA PAULA TAVARES										
SR. VP/VP OF DEVELOPMENT	40.			X	L	<u> </u>		136,745.	NONE	18,164
DANIEL DOUCETTE									1	
VP OF FINANCE & OPERATIONS	40.		Ш	X				121,785.	NONE	13,296
VERA ZLATARSKI										
GENERAL COUNSEL	40.		Ш	X	_			110,485.	NONE	12,706
TENSIE_WHELAN										
PRESIDENT	40.	<u> </u>	Ш	X			Щ	191,203.	NONE	19,649
KARIN_KREIDER										
VP OF AGRICULTURE	40.		Ш			X		118,578.	NONE	13,767
RICHARD DONOVAN										
SR. VP / VP OF FORESTRY	40.		<u> </u>			X		135,027.	NONE	13,078
LUIS F. DUCHICELA										
REGIONAL PROJECT DIRECTOR	40.		Н			X	H	131,325.	NONE	7,641
REBECCA BUTTERFIELD										
SR. DIR. EVALUATION & RESEARCE	40.	_				X	_	107,427.	NONE	11,329
WOLFRAM PINKER										
MANAGING DIR SMARTWOOD PROGRAM	40.	-	Н	Н		X		103,123.	NONE	5,964
		-	Н						-	
	1									
		+	Н	Н						
	1								1	
			Н							
	1									
		-	Н			-				<u> </u>
	1									
			\vdash	\vdash		-	-			
	1									
	· · · · · · · · · · · · · · · · · · ·	┼-	H			├─				
	1									
		 	H			-	-		-	
	1		l							
	 -	 	Н							
	1									
		t	\vdash	\vdash				-		_
	1									
			Н	H		<u> </u>				
	ł		Ιl							
			Н	-	_		\vdash			

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

Schedule J-2 (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

20**08**

Schedule L (Form 990 or 990-EZ) 2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Name of the organization

Employer identification number

reame of the organization						="		er iden			ilibei	
RAINFOREST ALLIANCE, INC.		5044						<u>-337</u>	<u> 7893</u>	<u> </u>		
Part I Excess Benefit Transacations To be completed by organizations								orm Q	のしころ	' Darl	· V line	a 40h
To be completed by organizations	triat ai	15446160	103 01110	// Jill 990, F	art IV, III les	- 23a OI 23b	, 01 1	01111 9	9U-LZ	., rait	 	
1 (a) Name of disqualified person			(b) Description of transaction									No
· · · · · · · · · · · · · · · · · · ·				-							Yes	No
											 	
*************************************				•								
·												
2 Enter the amount of tax imposed on	the org	anızatio	n managers	or disqua	lified person	s during the	year					
under section 4958								1	> \$ _			
3 Enter the amount of tax, if any, on lin	e 2, ab	ove, rei	mbursed by t	the organiz	ation			1	- \$ _			
Part II Loans to and/or From Intere					0 4041	00 5	000					
To be completed by organization	ns that	answere	ed "Yes" on I	-orm 990,	Part IV, line	26, or Forn	n 990 T	-EZ, F	art V,	line 3	isa T	
(a) Name of interested person and purpose		to or from	(c) Orig		(d) Bala	nce due	(e) In (default?			(g) W	
	the orga	anization?	principara	principal amount			by board or committee?					
	To	From					Yes	No	Yes	No	Yes	No
	10	riom					res	NO	168	MO	162	MO
·												
· -									<u> </u>			
		<u> </u>	_		l							
Total <u></u>												
Part III Grants or Assistance Benefi												
To be completed by organization	ns that	answere	ed "Yes" on F	orm 990,	Part IV, line	27						
(a) Name of interested person	(b) Re	əlatıonsh	ip between int		son and the	(c) Amo	unt of	grant	or typ	e of as	sistand	е
			organizal	lion								
	<u> </u>											
	-					· · · · ·						
	 					 			_			
Part IV Business Transactions Invol	vina In	tereste	d Persons.						-			
To be completed by organization					Part IV, line	s 28a, 28b,	or 28	С				
(a) Name of interested person	(b) R	elationsh	nip between	(c) An	nount of	(d) Desc	ription	of tra	nsacti	ол	(e) Sha	anng of
	Intere	ested per organiz	son and the	tran	saction						organiz reven	
		organiz	allon								104611	ue31
											Yes	No
JOKE AERTS	FAMILY	MEMBER	OF DIRECTOR		70,223.	EMPLOYMENT						х
	<u> </u>											
		.=.				-						
	 											
	L					l						

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

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047
2008
Open To Public
Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Employer identification number

13-3377893

	NFOREST ALLIANCE, INC.				.3-3377893		
Par	Types of Property	 	•		Т		
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of deter revenues		g
1	Art-Works of art				<u> </u>		
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded	X	6	71,150.	SELLING PRICE	<u> </u>	
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			- · · · · · · · · · · · · · · · · · · ·	<u></u>		
17	Real estate-Other						
18	Collectibles						
19	Food inventory					-	
20	Drugs and medical supplies						
21	Taxidermy			 			
22 23	Historical artifacts		_	 			
23 24	Scientific specimens	1					
24 25	Other ►(STMT 16		4.	38,336.			
26	Other ►()		7.	38,330.			
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received by		zation during the tax year fo	or contributions for	 		
	which the organization completed F				29	N	ONE
	e.	,		3		Yes	No
30 a	During the year, did the organization	tion receive	by contribution any prop	erty reported in Part I, lin	e 1-28 that		
	it must hold for at least three year						
	used for exempt purposes for the en				•		x
ь	If "Yes," describe the arrangement in	-	•				
31	Does the organization have a		ance policy that require	es the review of any r	on-standard		
	contributions?			·	31		x
32 a	Does the organization hire or use	third parti	es or related organization	ns to solicit, process, or s	sell noncash		
	contributions?				32a		x
ь	if "Yes," describe in Part II.						
33	If the organization did not report re	evenues in c	olumn (c) for a type of pro	perty for which column (a)	ıs checked,		
	describe in Part II						L
For F	Privacy Act and Paperwork Reduction A	Act Notice, se	e the Instructions for Form 99	0.	Schedule M (Fo	orm 990) 2008

Schedule M ((Form 990) 2008	13-3377893 Page 2
Part II	Supplemental Information. Complete this part 32b, and 33. Also complete this part for any add	to provide the information required by Part I, lines 30b, litional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

	OMB No 1545-0047
	2008
	Open to Public
	Inspection
nti	fication number
7	7893
	7093

Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
CONFLICT OF INTEREST POLICY	
PAGE 6, ITEM 12C	
A COPY OF OUR CONFLICT OF INTEREST POLICY, ALONG WITH A CONFLICT	of
INTEREST DISCLOSURE STATEMENT, IS FURNISHED TO EACH DIRECTOR, OFFI	CER_AND
STAFF MEMBER OF THE RAINFOREST ALLIANCE UPON UNDERTAKING THE DUTI	ES_OF
SUCH OFFICE, AND ANNUALLY THEREAFTER FOR THE TERM OF SUCH PERSON'	<u>s</u>
SERVICE TO THE ORGANIZATION. ANY DISCLOSURES ARE REVIEWED BY AN I	NTERNAL
COMMITTEE MADE UP OF THE PRESIDENT, VICE PRESIDENT OF FINANCE AND	
ADMINISTRATION, CHIEF FINANCIAL OFFICER AND THE GENERAL COUNSEL,	AND ARE
REPORTED ON A QUARTERLY BASIS TO THE AUDIT AND RISK COMMITTEE. TH	E AUDIT
AND RISK COMMITTEE HAS AMONG ITS RESPONSIBILITIES THE DUTY OF REV	IEWING
THE ORGANIZATION'S PERFORMANCE IN MAINTAINING FULL INDEPENDENCE.	
IN ADDITION, A DETAILED FORM 990 DISCLOSURE STATEMENT, WITH RESPE	CT_TO
DISCLOSURES REQUIRED TO BE REPORTED ON FORM 990 ABOUT ANY TRANSAC	Tions
BETWEEN THE ORGANIZATION AND THOSE WHO SERVE IT IN VARIOUS VOLUNT	EER AND
PAID CAPACITIES, AND ABOUT ANY TRANSACTIONS AMONG THOSE PERSONS,	<u> </u>
DISTRIBUTED ANNUALLY TO MEMBERS OF THE COMMITTEE THAT AWARDS KLEI	NHANS
FELLOWSHIPS AND THE RAINFOREST ALLIANCE'S DIRECTORS, OFFICERS AND	KEY
employees.	

Schedule* (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
RAINFOREST ALLIANCE, INC.	13-3377893
ORGANIZATION'S DOCUMENTS	
990, PAGE 6, PART VI, SECTION C, LINE 19	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI	CY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQ	UEST_TO
MANAGEMENT. IN ADDITION, THE ORGANIZATION'S AUDITED FINANCIAL	
STATEMENTS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES, AND	
SUMMARIES OF ALL OF ITS POLICIES AND PROCEDURES TO ENSURE INDEPEN	DENCE,
ARE AVAILABLE ON ITS WEBSITE.	

INDIVIDUAL SALARY REVIEWS WHEN AN EMPLOYEE RECEIVED A PROMOTION. A

THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE SEPARATELY THE COMPENSATION

OF THE PRESIDENT AND VICE PRESIDENT OF FINANCE AND OPERATIONS, UNLESS

SUCH INDIVIDUALS RECEIVE A MODIFICATION OF COMPENSATION THAT EXTENDS TO

SUBSTANTIALLY ALL EMPLOYEES.

Schedule (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
RAINFOREST ALLIANCE, INC.	13-3377893
SALARY REVIEW FOR THE GENERAL COUNSEL, WHO ALSO SERVES AS SECRETA	RY, WAS
CONDUCTED IN 2010. THE TREASURER OF THE ORGANIZATION DOES NOT RE	CEIVE
ANY COMPENSATION, AND IS THEREFORE NOT SUBJECT TO ANY REVIEW.	

	*

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
RAINFOREST ALLIANCE, INC.	13-3377893
FOREIGN PAYROLL TAXES AND FRINGE BENEFITS	
990, PAGE 10, PART IX, LINE 9	
FOR EMPLOYEES WORKING IN FOREIGN COUNTRIES, THE AMOUNTS FOR PENSI	on plan
CONTRIBUTIONS, PAYROLL TAXES, AND OTHER EMPLOYEE BENEFITS ARE ALL	
INCLUDED IN LINE 9 - OTHER EMPLOYEE BENEFITS.	
	

TRAINING ALMOST 1,500 COFFEE FARMERS IN COLOMBIA THROUGH 38

- 25 NEW OPERATIONS WERE ADDED INTO THE SUSTAINABLE TOURISM BEST

MANAGEMENT PRACTICES PROGRAM, BRINGING THE TOTAL NUMBER TO DATE TO 54 (33

IN ECUADOR AND 21 IN PERU). TWENTY-THREE OF THESE OPERATIONS (14 IN

Schedule & (Form 990) 2008	Page 2				
Name of the organization	Employer Identification number				
RAINFOREST ALLIANCE, INC.	13-3377893				
ECUADOR AND 9 PERU) RECEIVED SUSTAINABILITY AND BEST MANAGEMENT PRACTICES					
DIAGNOSTIC EVALUATIONS. ANOTHER IMPORTANT ACHIEVEMENT WAS THE					
ESTABLISHMENT OF FIVE NEW ALLIANCES WITH LOCAL TOUR OPERATORS (3	ĪЙ				
ECUADOR AND 2 IN PERU) THAT WILL INCLUDE THE PROJECT'S TOURISM OPERATIONS					
IN THEIR PORTFOLIOS.					
- SIGNING AN IMPORTANT AGREEMENT WITH THE ECUADOR MINISTRY OF	TOURISM				
(MINTUR) THAT WILL ALLOW US TO CONTINUE WORKING WITH THE TOURISM					
PROMOTION FUND TO POSITION ECUADOR AS A SUSTAINABLE TOURISM DESTI	NATION,				
AND WITH THE MINISTRY'S AMAZON REGION PROGRAM.					

- EXPANDING OUR EDUCATIONAL RESOURCES TO INCLUDE ADDITIONAL SPECIES

PROFILES ABOUT THE FASCINATING FLORA AND FAUNA FOUND IN RAINFORESTS, A

SLIDESHOW ON COFFEE, COLORING PAGES, AND MAPS SHOWING FOREST COVER DATA

- REVISING PROFILES OF THE RAINFOREST ALLIANCE'S WORK WITH COMPANIES

OVER TIME TO GRAPH DEFORESTATION RATES.

Schedule 0 (Form 990) 2008	Page 2
Name of the organization	Employer Identification number
RAINFOREST ALLIANCE, INC.	13-3377893
IN ORDER TO MAKE THEM MORE "KID FRIENDLY". THESE RESOURCES W	ERE ADDED TO
THE RAINFOREST ALLIANCE LEARNING SITE. WE ALSO REVAMPED THE	LEARNING SITE
TO MAKE IT EASIER TO NAVIGATE THROUGH THE NUMEROUS RESOURCES	AND A NEW
LEARNING SITE WAS LAUNCHED OVER THE SUMMER OF 2008.	
	-
- COLLABORATING WITH EARTHWATCH, CREATIVE CONNECTIONS AND	D_SEAWORLD
BUSCH GARDENS TO EXPAND OPPORTUNITIES TO PARTNER SCHOOLS AND	EXPANDING
OUR CURRICULUM TO INCLUDE LESSONS FOR MIDDLE SCHOOL GRADES FO	OCUSED ON
SUSTAINABLE FORESTRY.	

60

Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
- ESTABLISHING MORE THAN 20 NEW ALLIANCES WITH INBOUND	
(NATIONAL-LEVEL) TOUR OPERATORS, AND AN ADDITIONAL 10 AGREEMENTS	S_WITH
INTERNATIONAL TOUR OPERATORS FROM SEVERAL COUNTRIES. THESE OPER	<u>ATORS</u>
AGREED TO SOURCE A MAJORITY OF THEIR TOUR AND TRAVEL PACKAGES FF	OM THE
ENTERPRISES WHO ARE IMPLEMENTING BEST PRACTICES IN OUR PROGRAM.	
- INCREASING THE NUMBER OF ORGANIZATIONS REPRESENTING THE RE	GIONAL
NETWORK IN THEIR RESPECTIVE COUNTRIES, WITH 10 NEW MEMBERS JOINI	NG_THE
NETWORK IN 2009.	
- DEVELOPING FOUR GUIDES TO PRACTICAL OPERATIONAL BEST PRACT	PICES FOR
TOURISM BUSINESSES OPERATING IN TOPICAL FOREST AND MARINE ECOSYS	TEMS, ALL
OF WHICH HAVE SPANISH AND ENGLISH, PRINT AND DIGITAL EDITIONS: 1)_GUIDE
TO GOOD PRACTICES FOR SUSTAINABLE TOURISM IN MARINE-COASTAL ECOS	YSTEMS;
2) GUIDE TO GOOD PRACTICES FOR SUSTAINABLE TOURISM IN TROPICAL E	CORESTS
ACCOMMODATION SERVICES; 3) BEST PRACTICES GUIDE FOR MARINE TOUR	
OPERATORS; AND 4) BEST PRACTICES GUIDE FOR TROPICAL FOREST TOUR	
OPERATORS. THESE GUIDES ARE CURRENTLY BEING USED THROUGHOUT LATI	N_AMERICA
AND BEYOND, THUS FACILITATING THE DISSEMINATION OF BEST PRACTICE	S_TO
BENEFICIARIES EVEN OUTSIDE OF RAINFOREST ALLIANCE FIELD PROJECTS	·
- CONTINUING TO LEAD THE PROCESS TO CREATE AN INTERNATIONAL	BODY THAT
WILL BECOME THE ACCREDITATION ORGANIZATION OF TOURISM CERTIFICAT	ZION
SCHEMES. IN 2009, THE GLOBAL BASELINE CRITERIA FOR SUSTAINABLE T	OURISM
WERE ANNOUNCED IN BARCELONA BY TED TURNER AND THE UN FOUNDATION.	THIS
PARTNERSHIP FOR THE GLOBAL CRITERIA WAS COMPRISED OF 27 ORGANIZA	TIONS,
WHICH INCLUDED IN-KIND SUPPORT AND TECHNICAL EXPERTISE FROM RAIN	FOREST

Schedule (Form 990) 2008	Page 2
Name of the organization RAINFOREST ALLIANCE, INC.	Employer Identification number 13-3377893
ALLIANCE. THE GROUP ANALYZED 4,500 CRITERIA AND INVITED MOR	RE_THAN_80,000
PEOPLE TO COMMENT. THESE CRITERIA BECAME THE BASELINE FOR T	
OF THE FUTURE ACCREDITATION AGENCY, THE TOURISM SUSTAINABILI	
(TSC), WHICH WAS FORMALLY LAUNCHED IN EARLY 2009. RAINFORES	T ALLIANCE
HAS LED THE TECHNICAL AND ADMINISTRATIVE SUPPORT FOR THE TSO	PROCESS
SINCE 2001.	

Schedule 5 (Form 990) 2008	Page 2
Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
RELATED ENTITY EXPENSE TRACKING	
SCHEDULE R, PAGE 3, PART V, ITEM 2	
THE ORGANIZATION HAS NOT CURRENTLY BEEN TRACKING CERTAIN CLASSES	<u>of</u>
EXPENSES OF RELATED ORGANIZATIONS. AS A RESULT, SUCH EXPENSES HA	VE_NOT
BEEN INCLUDED IN THE TOTALS SHOWN ON SCHEDULE R PART V. THE ORGA	NIZATION
HAS IMPLEMENTED CHANGES THAT WILL ALLOW IT TO TRACK SUCH EXPENSES	ON A
GOING-FORWARD BASIS.	
	-

Schedule (Form 990) 2008	Page 2
Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13–3377893
RAINFOREST ALLIANCE, INC.	13-33//893
AMENDED FORM 990	
PAGE 1, SECTION B, AMENDED RETURN	
AN AMENDED RETURN IS BEING FILED TO CORRECT REPORTING OF THE BOAR	Ф
_DIRECTORS_OF_THE_ORGANIZATIONNON-VOTING_DIRECTORS_HAVE_NOT_BEE	<u></u>
INCLUDED IN THE AMENDED RETURN, AS PER FORM 990 INSTRUCTIONS, AND	
CODDECDOVDING CULVICES MO MUE DEMITOV URITE DEEV MADE	
CORRESPONDING CHANGES TO THE RETURN HAVE BEEN MADE.	

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

Identification of Disregarded Entities

Partl

RAINFOREST ALLIANCE, INC.

Open to Public Inspection

Employer identification number

13-3377893

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

▶ See separate instructions.

0

(F)
Direct controlling
entity Schedule R (Form 990) 2008 (F)
Direct controlling
entity RA 2 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets (**D)** Exempt Code section (D) Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) 섳 ថ Primary activity Primary activity SMARTWOOD <u>@</u> OAXACA TREES 68000 S For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. CHELSEA, QUEBEC Identification of Related Tax-Exempt Organizations C.P. (A) Name, address, and EIN of related organization (A) Name, address, and EiN of disregarded entity CENTRO, RAINFOREST ALLIANCE MEXICO RAINFOREST ALLIANCE CANADA 15 CHEMIN BISSON J9B 1T9 MARGARITA MASA #422, Part

,

Part III Ider

Identification of Related Organizations Taxable as a Partnership

(J) General or managing partner?	Yes			
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	>			
(H) Dispreparate	Yes			
(a) Share of end-of-year assets	>			
(F) Share of total income				
(E) Predominant income (related, investment, unrelated)				
(D) Direct controlling entity				
Legal domicile (state or foreign				
(B) Primary activity				
(A) Name, address, and EIN of related organization				

Trust
Corporation or
Taxable as a
Organizations
n of Related (
Identification
Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(0) Share of end-of-year assets	(H) Percentage ownership
SUSTAINVAELE FARM INTERNATIONAL, LIMITADA APARTADO 11029-1000 SAN JOSE, MX	AGRICULTURE	SO	RA) TIC			100.0000
PI SMARIWOOD INDONESIA JI CIUNG WANARA #1, RENON, DENPASAR 8022 BALI, CA	SMARTWOOD PROGRAM	Œ	ra Fa)TI		:	100.0000
RAINFOREST ALLIANCE SIR CALLE MANUEL IGNACIO SALVATIER #359 SANTA CRUZ,	SMARTWOOD PROGRAM	. 18	RA) TI			100.0000
	•						

99

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II. III. or IV.			Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	In Parts II–IV?		
a Receipt of (I) interest (II) annuities (III) rovalties (IV) rent from a controlled entity		1a	×
Giff grant or capital contribution to other organization(s)		4	*
Gift grant or capital contribution from other organization(s)		1	×
Circ, grant, or capital contrabation in other other contrabation ()			•
		:	4 ;
e Loans or loan guarantees by other organization(s)		: : : :	*
		•	
sale of assets to other organization(s)		F ::::::::::::::::::::::::::::::::::::	×
g Purchase of assets from other organization(s)		- T	×
h Exchange of assets	•	1h	×
Lease of facilities, equipment, or other assets to other organization(s)	•	11	×
J Lease of facilities, equipment, or other assets from other organization(s)		= :: ::	×
k Performance of services or membership or fundraising solicitations for other organization(s)		=	×
l Performance of services or membership or fundraising solicitations by other organization(s)	•	11	X
m Sharing of facilities, equipment, mailing lists, or other assets.		E	×
		=	
		10	*
		-	>
		:::::::::::::::::::::::::::::::::::::::	4
a Other transfer of cash or property to other organization(s)		10	×
		=	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ed relationships and tr	ansaction thresholds	
(A)	(B) Transaction	(C)	- Pa
Name of other organization(s)	type (a-r)		3
(1) PT SMARTWOOD INDONESIA	н	30,000	. 000
(2) RAINFOREST ALLIANCE MEXICO	H	212.	484
l			
(3) RAINFOREST ALLIANCE SLR	ī	255,3	334.
(4) RAINFOREST ALLIANCE CANADA	ы	430,4	436.
(5) SUSTAINABLE FARM INTERNATIONAL, LIMITADA	ø	1,802,8	850.
(9)			

67

Schedule R (Form 990) 2008

13-3377893 Schedule R (Form 990) 2008

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
						Schedule R (Form 990) 2008	990) 2008

4A PROGRAM SERVICE

SMARTWOOD - AS THE WORLD'S LEADING FOREST STEWARDSHIP COUNCIL (FSC) FOREST MANAGEMENT CERTIFIER, SMARTWOOD SETS THE INTERNATIONAL GOLD STANDARD FOR CREDIBILITY IN AUDITING ENVIRONMENTALLY AND SOCIALLY RESPONSIBLE FORESTRY. THE SMARTWOOD PROGRAM OFFERS A DIVERSE SET OF CERTIFICATION AND VERIFICATION SERVICES.

FISCAL YEAR 2009 WAS A SUCCESSFUL YEAR AND THE SMARTWOOD PROGRAM CONTINUED TO GROW. RAINFOREST ALLIANCE HAS MAINTAINED ITS MARKET SHARE IN TERMS OF FOREST MANAGEMENT CERTIFICATION IN THE FOREST STEWARDSHIP COUNCIL (FSC) SYSTEM, WITH AROUND 40% OF THE TOTAL CERTIFIED HECTARES IN THE FSC SYSTEM, AS MEASURED BY THE NUMBER OF FOREST HECTARES UNDER MANAGEMENT, MOVING FROM 44 MILLION TO 53 MILLION HECTARES. IN ADDITION, OUR TOTAL NUMBER OF CHAIN OF CUSTODY CERTIFICATES IN THE FSC SYSTEM HAS RISEN FROM 2,014 CERTIFICATES TO 2,667 CERTIFICATES (REPRESENTING 19% OF THE FSC PORTFOLIO).

HIGHLIGHTS IN 2009 INCLUDE:

- DURING 2009, THE NUMBER OF OPERATIONS GREW BY 24% AND ACRES CERTIFIED BY SMARTWOOD GREW 20%. SMARTWOOD ACHIEVED THIS GROWTH DESPITE GROWING COMPETITION WITHIN THE FSC SYSTEM, WHERE THERE ARE NOW MORE THAN 20 ACCREDITED CERTIFICATION BODIES. THESE ACHIEVEMENTS DEMONSTRATE SMARTWOOD'S CONTINUING LEADERSHIP POSITION IN THE FSC SYSTEM, AND ARE THE RESULT OF BOTH A STRUCTURE AND STRATEGY THAT IS PROVING EFFECTIVE.
- THE STRONG GROWTH OF CERTIFICATES, PARTICULARLY FSC CHAIN OF CUSTODY (COC) IN US, CANADA, ASIA PACIFIC AND EASTERN EUROPE/RUSSIA WAS A MAIN DRIVER FOR SMARTWOOD. COC CERTIFICATION GREW 26% DURING THE PERIOD. DEMAND HAS REMAINED STRONG IN THE PAPER/PRINTING SECTOR. THIS SECTOR NOW COMPOSES CLOSE TO 50% OF ALL CERTIFICATES IN NORTH AMERICA.
- FOREST MANAGEMENT CERTIFICATION GREW AT A MUCH SLOWER RATE IN FY 09 WITH CERTIFICATES INCREASING AT 5%. THESE CERTIFICATES, HOWEVER, WERE LARGELY BOREAL FOREST OPERATIONS WHOSE LARGE SIZE RESULTED IN AN INCREASE OF CERTIFIED FOREST AREA OF 20%.
- AFTER SEVERAL YEARS OF DEVELOPMENT, IN 2009 SMARTWOOD SAW A GROWTH OF VERIFICATION SERVICES, NOTABLY LEGALITY VERIFICATION IN ASIA PACIFIC AND CARBON VERIFICATION IN ALL REGIONS.

- FY 2008 WAS A PARTICULARLY CHALLENGING YEAR FOR SMARTWOOD WHERE ACCELERATED PORTFOLIO GROWTH STRETCHED SMARTWOOD SYSTEMS AND LOWERED KEY INDICATORS OF CUSTOMER SERVICE. IN 2009, A STOPGAP POLICY THAT SLOWED ACCEPTANCE OF NEW APPLICANTS COUPLED WITH INTENSIVE STAFF TRAINING, CONTRIBUTED TOWARDS A MARKED IMPROVEMENT IN AUDIT SCHEDULING, AUDIT TIMELINESS AND OVERALL AUDIT QUALITY.
- FSC HAS BEEN INEFFECTUAL IN DEVELOPING STREAMLINED CERTIFICATION REQUIREMENTS TO INCREASE PARTICIPATION OF SMALL LANDOWNERS. IN 2009, SMARTWOOD PARTNER NEPCON COMPLETED A NOVEL PILOT EFFORT IN THE BALTICS WHERE SMARTLOGGING STANDARDS WERE INTEGRATED WITH THE FSC FOR ULTRA SMALL LANDOWNERS. THIS PROJECT WHICH WAS DONE IN COORDINATION WITH STORA ENSO AND WWF, PROVIDES A NEW MODEL FOR BRINGING SMALL LANDOWNERS INTO CERTIFICATION.
- IN MARCH 2009, AFTER MORE THAN TWO YEARS OF PLANNING AND DEVELOPMENT, SMARTWOOD LAUNCHED A NEW DATABASE/BUSINESS PLATFORM SALESFORCE TO REPLACE AN AGING ACCESS-BASED DATABASE. SIGNIFICANT ORGANIZATIONAL RESOURCES WERE INVESTED IN IMPLEMENTING SALESFORCE INCLUDING STAFF TRAINING, DEVELOPMENT OF MANAGEMENT AND TASK TRACKING REPORTS AND ADDING LABOR SAVING OR EFFICIENCY MEASURES.
- CONTINUING A LONG TERM EFFORT TO CREATE A DECENTRALIZED SERVICE DELIVERY NETWORK, IN 2009 SMARTWOOD DECENTRALIZED KEY FUNCTIONS, USUALLY IMPLEMENTED THROUGH OUR HEADQUARTERS OFFICE, INCLUDING CERTIFICATION ADMINISTRATION TASKS SUCH AS CONTRACTING AND CERTIFICATE ISSUANCE. THIS CHANGE GREATLY IMPROVED REGIONAL CONTROL OF THE CERTIFICATION PROCESS AND REMOVING BOTTLENECKS AND INEFFICIENCIES.

4B PROGRAM SERVICE

SUSTAINABLE AGRICULTURE - THE SUSTAINABLE AGRICULTURE PROGRAM IS THE LEADING MODEL FOR EFFECTIVE IMPLEMENTATION OF SOCIAL AND ENVIRONMENTAL BEST MANAGEMENT PRACTICES. OUR GOAL IS TO PROMOTE SUSTAINABLE AGRICULTURE WORLDWIDE THROUGH OUR INTERNATIONALLY CREDIBLE, PROACTIVE AND RESPONSIVE CERTIFICATION SYSTEM THAT REMAINS ACCESSIBLE TO LARGE AGRIBUSINESSES AND SMALL FARMERS ALIKE.

IN THE PURSUIT OF GLOBAL SUSTAINABLE AGRICULTURE, WE ARE COMMITTED TO DEVELOPING OUR PROGRAM INTO THE LEADING MODEL FOR EFFECTIVE IMPLEMENTATION OF SOCIAL AND ENVIRONMENTAL BEST MANAGEMENT

PRACTICES. OUR GOAL IS TO PROMOTE SUSTAINABLE AGRICULTURE WORLDWIDE THROUGH OUR INTERNATIONALLY CREDIBLE, PROACTIVE AND RESPONSIVE CERTIFICATION SYSTEM THAT REMAINS ACCESSIBLE TO LARGE AGRIBUSINESSES AND SMALL FARMERS ALIKE. AS WE CONTINUE TO MAXIMIZE, DOCUMENT AND SHARE THE CONSERVATION AND COMMUNITY BENEFITS OF OUR STANDARDS, WE HAVE ENCOURAGED THE INCREASED DEMAND FOR SUSTAINABLE AGRICULTURE PRODUCTS.

HIGHLIGHTS IN 2009 INCLUDED:

- INCREASING THE AGRICULTURAL LAND CERTIFIED TO MORE THAN 1,500,000 ACRES CERTIFIED GLOBALLY, REPRESENTING MORE THAN 40,000 FARMS.
- EXPANDING OUR COCOA WORK INTO GHANA, THROUGH A NEW FORMAL PARTNERSHIP WITH MARS. IN COFFEE, WE EXPANDED INTO TANZANIA AND COMPLETED THE FIRST CERTIFICATIONS THERE.
- EXPANDING OUR COFFEE PROGRAM INTO ASIA, CERTIFYING OUR FIRST GROUPS OF FARMS IN INDONESIA, REPRESENTING MORE THAN 4,800 FARMS. WE BEGAN WORKING WITH MANY COFFEE FARMS IN VIETNAM AS WELL DURING 2009.
- DEEPENING OUR COCOA WORK IN LATIN AMERICA (ECUADOR AND DOMINICAN REPUBLIC). IN 2009 WE HAD MORE THAN 3,000 COCOA FARMS CERTIFIED IN ECUADOR, AND MORE THAN 3,100 FARMS CERTIFIED IN THE DOMINICAN REPUBLIC. IN ADDITION TO THE MARS PARTNERSHIP, WE HAD SEVERAL ONGOING DISCUSSIONS WITH LARGE CHOCOLATE BUYERS AND BECAME CLOSE TO FINALIZING AGREEMENTS.
- INCREASING THE NUMBER OF NEW COMPANIES PARTICIPATING IN OUR PROGRAM THROUGH PROMOTION OF CERTIFIED PRODUCTS AND HEIGHTENED COMMUNICATION OF MARKET OPPORTUNITIES. NEW RELATIONSHIPS WITH COMPANIES INCLUDED MANY NEW MAINSTREAM AND NICHE COMPANIES BUYING RAINFOREST ALLIANCE CERTIFIED COFFEE AND OTHER PRODUCTS. SOME EXAMPLES INCLUDE WAL-MART, TARGET AND SAM'S CLUB ALL STARTING TO SOURCE RAINFOREST ALLIANCE CERTIFIED COFFEE. WHOLE FOODS BEGAN SELLING RAINFOREST ALLIANCE CERTIFIED COFFEE, BANANAS, AND CHOCOLATE. COSTCO BECAME THE FIRST MAJOR US RETAILER TO SELL RAINFOREST ALLIANCE CERTIFIED FLOWERS.
- EXPANDING OUR WORK TO IMPROVE THE LIVELIHOODS OF TEA GROWERS AND WORKERS IN AFRICA AND INDIA. WE CERTIFIED SEVERAL LARGE ESTATE FARMS IN KENYA, TANZANIA AND INDIA IN 2009. THIS WORK WAS GREATLY CATALYZED BY A COMMITMENT FROM UNILEVER, THE WORLD'S LARGEST TEA COMPANY AND MAKER OF THE LIPTON BRAND, WHICH ANNOUNCED

PLANS IN 2007 TO SOURCE ITS ENTIRE TEA SUPPLY SUSTAINABLY, STARTING WITH THE CERTIFICATION OF ITS TEA PRODUCERS IN EAST AFRICA, TO RAINFOREST ALLIANCE STANDARDS.

4C PROGRAM SERVICE

TREES - THE RAINFOREST ALLIANCE'S TREES PROGRAM FOCUSES ON (TR)AINING, (E)XTENSION, (E)NTERPRISES AND (S)OURCING ACTIVITIES. WE HELP COMMUNITIES AND SMALL AND MEDIUM ENTERPRISES (SMES) HARVEST AND PRODUCE FOREST PRODUCTS IN A SUSTAINABLE WAY, AND SELL THEIR GOODS TO CONSCIENTIOUS CONSUMERS IN THE GLOBAL MARKETPLACE.

THE RAINFOREST ALLIANCE HAS PIONEERED SUSTAINABLE FORESTRY ON A GLOBAL SCALE, HELPING TO MAKE WORKING FORESTS SUSTAINABLE, AND - BY PROMOTING RESPONSIBLE MANAGEMENT - HELPING SUSTAIN AND ENHANCE THE LIVELIHOODS DERIVED FROM THEM.

HIGHLIGHTS IN 2009 INCLUDE:

- TRAINING 8,000 PEOPLE IN FORESTRY CERTIFICATION BY OUR PROGRAM IN CHINA OVER THE LAST THREE YEARS, WITH MORE THAN 3,000 IN 2009 ALONE. THIS WAS A 300% INCREASE OVER OUR ORIGINAL THREE-YEAR PROJECT TARGET. TRAINING CONTINUED IN MANY OTHER COUNTRIES AS WELL.
- DEVELOPING AND DISSEMINATING NEW MODELS FOR COMMUNITY GROUPS IN PRIORITIZED AREAS; BUSINESS SKILL TRAININGS TO COMMUNITY GROUPS; AND SEVERAL NEW PRODUCTS DEVELOPED FROM LOWER GRADES OF WOOD. WE CONTINUED TO FOCUS ON COMMUNITY FORESTRY MODELS, ESPECIALLY IN GUATEMALA, HONDURAS, NICARAGUA AND MEXICO. 2009 SAW THE DEEPENING OF WORK IN GUATEMALA, ADDING MANY NEW PRODUCTS TO CERTIFIED SALES FROM THE REGION, AND AN EXPANSION OF OUR WORK IN HONDURAS TO SEVERAL NEW INDIGENOUS COMMUNITIES WHO ARE HARVESTING NEW NON-TIMBER PRODUCTS FOR HAIR CARE PRODUCTS.
- BROADENING OUR GEOGRAPHIC SCOPE TO INCLUDE AN INCREASED FOCUS ON CHINA, MEXICO, HONDURAS, NICARAGUA, AND INCREASINGLY, ASIA AND AFRICA. REPLICATING THE CHINA WORK IN SIBERIAN RUSSIA, ANOTHER KEY AREA WHERE AWARENESS-BUILDING IN RESPONSIBLE FORESTRY IS URGENTLY REQUIRED. WE HAVE GREATLY SCALED UP OUR WORK IN MEXICO BY PREPARING FOR A NEW PROJECT WITH GLOBAL ENVIRONMENT FACILITY FUNDING. OUR CHINA PROJECT RENEWED SUPPORT FOR AN ADDITIONAL THREE YEARS FROM IKEA. IN 2009 WE LAUNCHED A NEW THREE YEAR PROJECT IN SIBERIAN RUSSIA, ALSO WITH LEADERSHIP SUPPORT FROM

IKEA.

- ENGAGING COMPANIES AS WELL AS THE FINANCIAL SECTOR TO USE THEIR PURCHASING AND INVESTING POWER TO FOSTER AND SUPPORT SUSTAINABLE FORESTRY. WE CONTINUED TO ENGAGE THE FINANCIAL SECTOR ON SUSTAINABLE INVESTING AND A COMMITMENT TO FSC CERTIFICATION AS A PRE-REQUISITE FOR ANY FOREST MANAGEMENT OPERATIONS THEY MAY BE INVESTING IN. WE WORKED CLOSELY WITH HSBC, JPMORGAN CHASE, CITIGROUP AND OTHERS ON THIS ISSUE.
- DEEPENING OUR WORK IN PENNSYLVANIA'S GREEN BUILDING MOVEMENT. IN 2009 WE ASSISTED SEVERAL HIGH-PROFILE GREEN BUILDING PROJECTS, AND WE TRAINED MORE THAN 800 KEY STAKEHOLDERS.

COMMUNICATIONS/EDUCATION

SUSTAINABLE TOURISM OTHER PROGRAM REVENUE

KR V KN OK	2. 332,702. 1. 197,180. 7. 31,103.	60. 629,577.
EAFENCE I	2,795,362 2,205,341 1,786,957	6,787,660
GRANTS	792,333. 39,594. 34,956.	866,883.

TOTALS

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

:

COSTA RICA
BOLIVIA
SPAIN
INDONESIA
GUATEMALA
MEXICO
NICARAGUA
ECUADOR

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

RAINFOREST ALLIANCE, INC.	13-3377893	77893			
FORM 990, PART VIII - INVESTMENT INCOME				•	, ,,
	(¥)	(B)	(C)	(<u>Q</u>)	
	TOTAL	RELATED OR	UNRELATED	EXCLUDED	
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE	
	!				
INTEREST INCOME	71,907.			. 106,11	
TOTALS	71,907.			71,907.	_

STATEMENT

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GALA	1,315,823.
TOTAL	1,315,823.

13-337

EVENTS	
FUNDRAISING	
ı	
VIII	
PART VIII	
VII	

DIRECT NET EXPENSES INCOME	258,35661,056	258,35661,056.
GROSS INCOME	197,	197,300.
DESCRIPTION	GALA	TOTALS

STATEMENT 11

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE

SUBAGREEMENT ADVANCE		298,771.	117,086.
PREPAID EXPENSES		59,342.	188,663.
	TOTALS	358,113.	305,749.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

		BEGINNING	ENDING	COST
DESCRIPTION		BOOK VALUE	BOOK VALUE	OR FMV
SEGREGATED INVESTMENTS		33,746.	25,446.	FMV
	TOTALS	33,746.	25,446.	
			=========	

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

BEGINNING BOOK VALUE

DEFERRED INCOME

216,000.

TOTALS

216,000.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: MACARTHUR FOUNDATION

ORIGINAL AMOUNT: 1,000,000.

DATE OF NOTE: 04/16/1999

MATURITY DATE: 10/31/2010

REPAYMENT TERMS: PRINCIP

REPAYMENT TERMS: PRINCIPAL AMOUNT DUE IN FULL ON 10/31/10

PURPOSE OF LOAN: SUPPORTING SMARTWOOD PROGRAM

LENDER: THE FORD FOUNDATION
ORIGINAL AMOUNT: 1,500,000.
DATE OF NOTE: 07/31/1998
MATURITY DATE: 12/31/2010

REPAYMENT TERMS: REPAYMENT PERCENTAGE EACH DECEMBER 31 THROUGH 2010 PURPOSE OF LOAN: SUPPORT OF GLOBAL SMARTWOOD CERTIFICATION PROGRAM

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,391,750.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 2,391,750.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GALA POSTERS AND ADVERTISEMENT	×	Ħ	500.	FAIR MARKET VALUE
GALA MATERIALS	×	-	1,000.	FAIR MARKET VALUE
GALA SILENT AUCTION SERVICES	×	-	3,500.	FAIR MARKET VALUE
GALA PRODUCTION AND AUDIO/VISUAL SERVICES	×	1	33,336.	FAIR MARKET VALUE
		; ; ; ;	 	
TOTALS		4	38,336.	
		000000000000000		

STATEMENT 16

(80	
(
(
(2	

DEPRICALING Property Page Pag	RAINFOREST ALLIANCE, INC.						2008								13-3377893
Dute Unadjusted Bass 178 avg Bass for Basis	Description of Property														
Particular Par	DEPRECIATION														
NACOUSE 230, 644 200 000 212, 566 145, 610 150 000 112, 566 145, 610 150 000 112, 566 145, 610 150 000 112, 566 145, 610 145	Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod			M A CRS class	Current-year 179 expense	Current-year depreciation
Abactous 12,256,, fie, too 60,275 11,850	FURN AND EQUIP	VARIOUS					530,844.	420,150.			\vdash	_			18,338.
Markeus 66,275, 200 000 66,275 11,650, 17,687, 55, 100 000	SOFTWARE	VARIOUS		100.001			132,506.	98,803.		3T	5.00	0			26,501.
723,625. 530,803. 581,689.	LEASEHOLD IMPROVE	VARIOUS					60,275.	11,850.	\neg	Z,	10.00	0			6,047.
123,625 129,603 129,609 129,										\dagger	+	_			
1723,625. 1723,625. 1723,625. 150,603. 1561,689.										\dagger	+	_			
123 423. 123 423.															
723,625. 723,625. 530,803. 581,689.															
723,625. 723,625. 530,803. 581,689.										1	1	4			
723,625 723,625 530,803 581,689										+		\downarrow			
723,625. 723,625. 530,803. 581,689.										\dagger	<u> </u>	-			
723,625. 723,625. 530,803. 561,689.											_	-			
723,625. 723,625. 530,603. 581,689.															
T23,625. T23,625. S30,803. S81,689.												_			
123,625. 123,625.											$\frac{1}{1}$	1			
123,625. 123,625. 530,803. 581,689.										\dagger		_			
123,625 123,											-	-			
123,625. 530,803. 581,689.	Less Retired Assets														
Date Cost Accumulated	Subtotals		723,625.				723,625.	530,803.	581,689.						50,886.
Date Cost Accumulated Accumulated Ac	Listed Property									}		-			
Date Cost										_		-			
Date Cost Cost Cost Cost Cost Cost Cost Cost Commulated Cost C											-				
Date Cost Cost Countries Cost Contries Cost															
Date Cost Cost Accumulated Accumul	Less Retired Assets												_	-	
Date Cost	٠.١														
Date Cost Ending Accumulated Accumulated Accumulated amortization Code Life amortization amortization Code Life	TOTALS		723,625.				723,625.	530,803.	581,689.						50,886.
Date Cost Ending Placed in or Service basis Service basis Accumulated Accumul	AMORTIZATION		[į
TOTALS	Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				Current-year amortization
TOTALS,											$ \top $			l	
TOTALS,										\dagger	T			!-	
TOTALS,				<u>.</u>										1	
TOTALS,															
	TOTALS											:			

82

"Assets Retired JSA 8X9024 1 000

Form 886	8 (Ray 4 2009)				Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II a	nd check this box		▶ X
•	Only complete Part II if you have already been granted an automatic 3-month ex				
 If you 	u are filing for an Automatic 3-Month Extension, complete only Part I (on page				
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only	file the o	original (no co	oies nee	ded).
Туре о	Name of Exempt Organization		Employer identif	ication num	ber
print	RAINFOREST ALLIANCE, INC.		13-337789	3	
File by th	Number, street, and room or suite no. If a P.O. box, see instructions	調節で	For IRS use only		
extended due date	665 BROADWAY				
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions		1 5 5 5 7 74 2		7 - 9
return Se		, ,			
Check	type of return to be filed (File a separate application for each return).			· · · · · · · · · · · · · · · · · · ·	
X F	Form 990 Form 990-PF		Form 1041-A	F F	orm 6069
F	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720	F	orm 8870
	Form 990-EZ Form 990-T (trust other than above)		Form 5227		
STOPI	Do not complete Part II if you were not already granted an automatic 3-more	nth exter	nsion on a previo	usly filed	Form 8868.
• The	books are in the care of RAINFOREST ALLIANCE, INC.				
Tele	phone No ▶ <u>212 677-1900</u> FAX No. ▶				
	e organization does not have an office or place of business in the United States, of	check this	box		▶ 🔲
If this	s is for a Group Return, enter the organization's four digit Group Exemption Numb	er (GEN)	If	this is	
for the	whole group, check this box If it is for part of the group, check this	box	▶ and atta	ch a	
	the names and EINs of all members the extension is for.				
4 1	request an additional 3-month extension of time until 05/15/2010				
5 F	or calendar year, or other tax year beginning 07/01/2008	and en	ding 06/30/2	009	
		Final retu	ırn Chang	e in accou	inting period
7 S	tate in detail why you need the extension AWAITING ADDITIONAL INFO	RMATIO	N NEEDED TO		
PF	REPARE A COMPLETE AND ACCURATE RETURN.				
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative	e tax, less any		
ne	onrefundable credits. See instructions.			8a \$	NONE
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits	and estimated	7-5 7-5 7-5	
ta	x payments made Include any prior year overpayment allowed as a credit	and any	amount paid		
рі	reviously with Form 8868			8b \$	NONE
c B	alance Due. Subtract line 8b from line 8a Include your payment with this form	, or, if red	quired, deposit	T	
w	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem) S	See instructions	8c \$	NONE
	Signature and Verification	1	·		
Under pe	enalties of perjury, I declare that I have examined this form, including accompanying schedules ar		nts, and to the best of	f my knowle	edge and belief,
it is true,	correct, and complete, and that I am authorized to prepare this form.				
				_	1 - 1
Signature	Title ▶ CC	_	Date	<u> </u>	19/10
	WITHUMSMITH+BROWN, P.C.			Form 8868	(Rev 4-2009)
	ONE CEPTAC CORPORE				

ONE SPRING STREET

NEW BRUNSWICK, NJ 08901