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# Form **990**

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

		nue Servic	<u>'</u>						
			lendar year, or tax year be C Name of organization	eginning 07-01-2015 , and en	ding 06-30-20	016	D Empl	lover ide	ntification number
	eck if ap Idress ch		RAINFOREST ALLIANCE INC					-	
	ame cha	-	% NIGEL SIZER Doing business as					337789	3
	ıtıal retu	ırn	Doing Business as						
Fı eturn,	nal ⁄termına	ited		box if mail is not delivered to street a	ddress) Room/	suite	E Telep	hone num	ıber
An	nended r	eturn	233 BROADWAY 28TH FLOOF				(212	2)677-1	1900
ПАр	plication	pending	City or town, state or provin NEW YORK, NY 10279	ce, country, and ZIP or foreign postal	code		G Gross	receints	\$ 40,362,768
			<b>F</b> Name and address of	nrincinal officer		H(a) 1			
			ALIK HINCKSON				s this a grou ubordinates	•	n for
			233 BROADWAY 28TH NEW YORK, NY 10279	FLOOR			No		1 103
[ Ta	x-exem <sub>l</sub>	pt status	<b>√</b> 501(c)(3)	( ) <b>◀</b> (insert no ) 4947(a)(1)	or		re all subor cluded?	dinates	□Yes □ No
1 \A/	aheit a	- 10/10	/W RAINFOREST-ALLIAN				f "No," attac	h a list	(see instructions)
• ••	CD3ICC.	***	W RAINTOREST-ALLIAN				Group exemp		
<b>∢</b> For	n of org	anızatıon	✓ Corporation Trust	Association Other >		L Year	of formation	1987 <b>M</b>	State of legal domicile N
Pa	rt I	Sum	mary						
				nission or most significant activ	/ities				
				RKS TO CONSERVE BIODIVE				_E LIVE	LIHOODS BY
e e	1 1 1 1	ANSFU	RMING LAND-USE PRAC	CTICES, BUSINESS PRACTIC	ES, AND CO	NSUMERB	EHAVIOR		
Ĕ									
E e									
Governance	2 C	heck th	is box ▶ ☐ if the organiza	tion discontinued its operation	s or disposed	d of more th	an 25% of i	ts net a	ssets
	3 N	umber	of voting members of the g	overning body (Part VI, line 1a	.)			3	18
Activities &			-	nbers of the governing body (Pa				4	18
	5 T	otal nur	mber of individuals employ	ed ın calendar year 2015 (Part	V, line 2a)			5	180
Ac	6 T	otal nur	mber of volunteers (estima	ite if necessary)				6	69
	<b>7</b> a ⊤	otal unr	elated business revenue f	rom Part VIII, column (C), lıne	12			7a	0
	<b>b</b> Ne	t unrela	ated business taxable inco	ome from Form 990-T, line 34	<u> </u>	<u> </u>		7b	
							Prior Year		Current Year
Qı.	8		= :	/III, line 1h)			26,690	<u> </u>	19,551,28
î Lia	9			/III, line 2g)		•	20,961		19,382,96
Ravenua	10		,	column (A), lines 3, 4, and 7d)		•		,224	58,23
	11			nn (A), lines 5, 6d, 8c, 9c, 10c, igh 11 (must equal Part VIII, c		ıne ——			
	12	12)	revenue add nines o timot	agii 11 (mast equal i ait v 111, t	Oldiliii (A ), ii		47,704	,605	38,992,48
	13	Grants	s and similar amounts paid	d (Part IX, column (A), lines 1-	3)		5,423	748	4,220,74
	14		•	(Part IX, column (A), line 4) .				0	
SS.	15	Saları 5-10	· · · · · · · · · · · · · · · · · · ·	mployee benefits (Part IX, colu	mn (A), lines	í	24,196	,983	23,379,60
Expenses	16a	<i>'</i>	,	art IX, column (A), line 11e)			8 1	.,465	226,14
ă X	ь	Total fu	undraising expenses (Part IX, col	umn (D), line 25) ▶4,681,674					
ш	17			n (A), lines 11a-11d, 11f-24e			16,949	,758	15,843,90
	18	Total	expenses Add lines 13-1	7 (must equal Part IX, column	(A), line 25)	i	46,651	.,954	43,670,38
(5	19	Reven	ue less expenses Subtra	ct line 18 from line 12	<u></u>		1,052	,651	-4,677,90
Net Assets or Fund Balances						Beginni	ng of Curren	t Year	End of Year
ss et	20	Total	assets (Part X, line 16)				22,866	,540	17,141,24
¥₽ ₩	21	Total	liabilities (Part X, line 26)				9,931	.,788	8,968,99
žŢ	22	Net as	sets or fund balances Su	btract line 21 from line 20 .			12,934	,752	8,172,24
	rt II		ature Block						
				ive examined this return, included nd complete. Declaration of pre					
			nowledge		F 11 - 1 ( - 11 - 12 - 12 - 12 - 12 - 12		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		****	x * *				2017-05-03		
Sigr	,		ature of officer				Date		
Her		ALIK	HINCKSON SVP/CFO						
			or print name and title						
			rınt/Type preparer's name Catherine Bendall	Preparer's signature Catherine Bendall		Date	Check   ıf	PTIN P0052	 1196
Paid		-					self-employed	1   . 5552	
	pare	r	Firm's name  WithumSmithB Firm's address  1 SPRING STRE				Phone no (73	32) 828-1	 614
Use	Only	у   ˈ	NEW RPLINGWI				110 (7.	, 020-1	

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2015)	Page <b>2</b>
Par	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
	RAINFOREST ALLIANCE WORKS TO CONSERVE BIODIVERSITY AND ENSURE SUSTAINABLE LIVELIHOONSFORMING LAND-USE PRACTICES, BUSINESS PRACTICES AND CONSUMER BEHAVIOR	DDS BY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes √No
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊤Yes √No
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocate total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 11,144,642 including grants of \$ ) (Revenue \$ RAINFOREST ALLIANCE CERTIFICATION - RA CERT (SEE SCHEDULE 0)	10,529,883 )
4b	(Code ) (Expenses \$ 8,051,463 including grants of \$ 3,276,715 ) (Revenue \$ (TR)AINING, (E)XTENSION, (E)NTERPRISES AND (S)OURCING (TREES) SUSTAINABLE FORESTRY (SEE SCHEDULE O)	)
<b>4</b> c	(Code ) (Expenses \$ 6,599,687 including grants of \$ ) (Revenue \$ MARKETS TRANSFORMATION (SEE SCHEDULE O)	8,792,708 )
	See Additional Data	
4d	Other program services (Describe in Schedule O )	
40	(Expenses \$ 9,239,824 including grants of \$ 944,029 ) (Revenue \$	60,372)
4e	Total program service expenses ► 35,035,616	

Form	990 (2015)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🙎	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	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?	<b>24</b> c		
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), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	J 29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
3/1	Was the organization related to any tay exempt or tayable entity? If "Ves." complete Schedule P. But II. III. or IV.			1

25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Pait II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No

and Part V, line 1 . . . . .

37

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Note. All Form 990 filers are required to complete Schedule O

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

Yes

Νo

Νo

Νo

Νo

34

35a

35b

36

37

38

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			. 🔽
		Check it Schedule o contains a response of flote to any line in this	rait	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	75		. 03	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		Line organization comply with backup withholding rules for reportable payments to		tors and reportable			
·		ig (gambling) winnings to prize winners?	·	· · · · · ·	<b>1</b> c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	٦.	180			
	,	s return	2a		2b	Yes	
D		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			20	1 65	
3a		ne organization have unrelated business gross income of \$1,000 or more during	,	ŕ	3a		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, piovide an explanatio</i>			3b		
		y time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities acc			4-		
	accou	int)?			4a	Yes	
Ь		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R )	and	Financial Accounts			
5a	•	· ' he organization a party to a prohibited tax shelter transaction at any time durin	ıa the	tax vear?	5a		Νο
		ny taxable party notify the organization that it was or is a party to a prohibited t					No
			an on	citci transaction	5b		
С	IT Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
	_	ization solicit any contributions that were not tax deductible as charitable cont					
Ь		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contributi	on an	d partly for goods and	7a	Yes	
		ces provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
C		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?		· · · · ·	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$ .	7d				
e	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al henefit contract?			
_	2.4		0.00	ar bomene commune	7e		Νo
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		Νo
g		organization received a contribution of qualified intellectual property, did the o	rganız	ation file Form 8899 as	70		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles	 . did i	the organization file a	<b>7</b> g		
		1098-C?	•	· · · · · ·	7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	cipocí	holdings at any time			
		g the year?		· · · · ·	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966	>		9a		
		ne sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		on 501(c)(7) organizations. Enter	а р		7.5		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı	ies					i
		on 501(c)(12) organizations. Enter					
		income from members or shareholders	11a				
b		sincome from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
122	Section	ت o <b>n 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ما را	u of Form 10412	12a		
		s," enter the amount of tax-exempt interest received or accrued during the			u		
-	year	, and a second and the second and th	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b>	ote. S	ee the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the amount of reserves on hand	13c				
		le organization receive any payments for indoor tanning services during the tax		7	14a		l No
		is," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b		110
		, I I i i i i i i i i i i i i i i					

	,			
Part VI	Governance,	Management,	and	Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . . . . .

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Coa	le.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16</b> b		
Se	ction C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed  AL,AK,AR,CA,CO,CT,FL,GA,FMD,MA,MI,MN,MS,NH,NJ,NM,			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  $\overline{\checkmark}$  O wn website  $\overline{\ }$  A nother's website  $\overline{\ }$  Upon request  $\overline{\ }$  O ther (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records
  - NIGEL SIZER 233 BROADWAY 28TH FLOOR NEW YORK, NY 10279 (212) 677-1900

# 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more t	han o	one l both	oox, an d	heck unless officer stee)	5	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
						<b>&gt;</b>				
c Total from continuation shed d Total (add lines 1b and 1c)	•				•	. •		2,243,757	0	210,874

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

#### **Section B. Independent Contractors**

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

comm consultant	171,387
COMM CONSULTANT	175,000
PR Consultant	192,117
ACCREDITATION SVCS	198,350
FINANCIAL SERVICES	157,200
F	ACCREDITATION SVCS

Form 99									Page <b>9</b>
Part V	/111	Statement o							_
		Check if Sched	ule O contains a res	s pons	e or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated cam	paigns	1a					
ant	ь	Membership du	es	<b>1</b> b					
E G	С	Fundraising ev	ents	<b>1</b> c	932,611				
iffs ar A	d	Related organiz	zations	1d					
s, G mil	е	Government grant	s (contributions)	1e	11,301,790				
ion I Si	f		ons, gifts, grants, and	<b>1</b> f	7,316,885	İ	i		i
but the	_	similar amounts no	ot included above ons included in lines				}		-
Contributions, Gifts, Grants and Other Similar Amounts	g	1a-1f \$			36,700				
C0 an	h	Total. Add line	s 1a-1f		•	19,551,286			
<u>s</u>					Business Code				
Ne m	2a	CERTIFICATION FE			541900	9,977,677	9,977,677		
á	b	CONTRACT INCOM			541900	633,299	633,299		
Program Service Revenue	С	PARTICIPATION ACREVENUE/ROYALT			900099	8,334,894	8,334,894		
<b>₹</b>	d	TRAINING FEES			541900	18,415	18,415		
ram	e	OTHER PROGRAM			900099	418,678	418,678		
¥og	f		am service revenue						
	g		s 2a-2f			19,382,963			
	3		ome (including divi ar amounts)			58,202			58,202
	4	Income from inves	stment of tax-exempt b	ond pro	oceeds ►	0			
	5	Royalties .		<u> </u>	•	0			-
	6a	Gross rents	(ı) Real		(II) Personal				
	b	Less rental							
	С	expenses Rental income or (loss)	0		0				
	d	Net rental income or (loss) ▶			0				
			(ı) Securities		(II) Other				
	7a	Gross amount from sales of assets other than inventory	1,111,976	1					
	Ь	Less cost or other basis and sales expenses Gain or (loss)	1,111,939						
	c d					37			37
Other Revenue	8a	, ,		·					
her				а	258,341				
Ö	b c		penses (loss) from fundrais	<b>b</b>	258,341 ents	0			
		Gross income f	rom gamıng actıvıtı ne 19		citis p				
	ь	Less direct ex	penses	ь					
	С	Net income or	(loss) from gaming	activit	ies	0			
	10a	Gross sales of returns and allo			<b>•</b>				
	b c	=		<b>b</b> Inven	tory ▶	0			
	4.4.	Miscellaneou	s Revenue	$\perp$	Business Code				
	11a b			<u> </u>					
	C			$\vdash$					
	d	All other reven	ue	 					
	e	Total. Add lines	s 11a-11d	. '-	•	0			
	12	Total revenue.	See Instructions		•	38,992,488	19,382,963		58,239
						30,332,468	13,302,903		1 30,239

### Part IX Statement of Functional Expenses

Section	501(c)(3)	) and $501(c)(4)$ o	rganizations must coi	mnlete all columns	All other organizations	must complete column (A)

	Check it Schedule O contains a response or note to any line in t	MIS PARLIX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			· ·
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	4,210,744	4,210,744		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,697,147	898,137	1,363,200	435,810
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	14,734,504	10,420,032	2,310,411	2,004,061
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	370,873	285,025	33,592	52,256
9	Other employee benefits	4,801,369	4,211,813	46,561	542,995
10	Payroll taxes	775,709	713,428	6,316	55,965
11	Fees for services (non-employees)				
a	Management	0	152.005	2.670	45.247
b	Legal	182,111	163,085	3,679	15,347
c d	Accounting	195,445	171,348	5,715	18,382
u e	Lobbying	226,141			226,141
f	Investment management fees	220,141			220,141
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,049,193	6,611,410	26,936	410,847
12	Advertising and promotion	54,915	28,516	10	26,389
13	Office expenses	1,041,164	710,697	10,353	320,114
14	Information technology	565,797	489,597	12,157	64,043
15	Royalties	0			
16	Occupancy	2,107,321	1,875,081	33,823	198,417
17	Travel	2,162,298	1,986,951	81,469	93,878
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	115,638	106,794	633	8,211
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	155,352	141,871	1,973	11,508
23	Insurance	222,331	195,576	5,584	21,171
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	WORKSHOPS	477,055	470,694	1,754	4,607
b	MEMBERSHIP/DUES/SUBSCRIPTIONS	359,223	233,585	1,436	124,202
c	BAD DEBT EXPENSE	155,126	150,920	4,206	0
d	OTHER EXPENSES	1,000,933	950,312	3,291	47,330
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	43,670,389	35,035,616	3,953,099	4,681,674
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

	990 (2	•				Page <b>11</b>
Par	tΧ	Balance Sheet	thus Don't V			_
		Check if Schedule O contains a response or note to any l	ine in this Part X	1	• •	· · · · <del>\</del>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		11,014,021	1	4,396,511
	2	Savings and temporary cash investments		1,914,814	2	2,612,764
	3	Pledges and grants receivable, net		4,612,344	3	2,317,131
	4	Accounts receivable, net		2,395,114	4	2,432,250
	5	Loans and other receivables from current and former off key employees, and highest compensated employees (Schedule L	0	5	0	
its	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	B(c)(3)(B), and f section 501(c)(9)		3	•
Assets				0	6	0
¥	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		515,115	9	647,248
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,305,059			
	ь	Less accumulated depreciation	<b>10b</b> 619,863	840,547	<b>10</b> c	685,196
	11	Investments—publicly traded securities		832,769	11	3,624,288
	12	Investments—other securities See Part IV, line 11 $$ .		385,599	12	62,715
	13	Investments—program-related See Part IV, line 11 .		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		356,217	15	363,137
	16	Total assets.Add lines 1 through 15 (must equal line 34	1)	22,866,540	16	17,141,240
	17	Accounts payable and accrued expenses		7,923,158	17	6,142,660
	18	Grants payable		596,718	18	77,998
	19	Deferred revenue		75,000	19	249,250
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV	of Schedule D	718,266	21	1,840,674
lities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and c				
Liabi		persons Complete Part II of Schedule L $\cdot$ . $\cdot$ .		0	22	0
Ë	23	Secured mortgages and notes payable to unrelated thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third p	arties	0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related third parties,	618,646	25	658,416
	26	Total liabilities. Add lines 17 through 25		9,931,788	26	8,968,998
		Organizations that follow SFAS 117 (ASC 958), check h		5,551,155		3,030,000
ces		lines 27 through 29, and lines 33 and 34.	lere P			
lan	27	Unrestricted net assets		2,381,452	27	2,354,744
Ba	28	Temporarily restricted net assets		9,553,300	28	4,817,498
<u> </u>	29	Permanently restricted net assets		1,000,000	29	1,000,000
sets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here ► and		-	
S	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building or equipmen			31	

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances . . . . . . . . . . .

Total net assets or fund balances . . . . .

8,172,242

17,141,240

32

33

34

12,934,752

22,866,540

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

al revenue (must equal Part VIII, column (A), line 12)		
ral expenses (must equal Part IX, column (A), line 25)		43,670,389
venue less expenses Subtract line 2 from line 1	3	-4,677,901
t assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,934,752

Cash 🗸 Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Page 12

31,955

-116,564

8,172,242

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

6

7

8

9

10

#### **Additional Data**

Software ID: Software Version:

**EIN:** 13-3377893

Name: RAINFOREST ALLIANCE INC.

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

		•	•	
(Code	) (Expenses \$	4,806,776	including grants of \$	863,538 ) (Reve
SUSTAINABLE A	GRICULTURE			

(Code ) (Expenses \$

enue \$ 26,487

1.772.689

including grants of \$

11,775 ) (Revenue \$

(Code ) (Expenses \$ 1,249,704 including grants of \$ ) (Revenue \$ 26,815 )
CLIMATE PROGRAM

(Code	) (Expenses \$	886,502	including grants of \$	48,517 ) (Revenue \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

SPECIAL PROJECTS

(Code ) (Expenses \$ 357,961 including grants of \$ 20,199 ) (Revenue \$ )
SUSTAINABLE FINANCE

(Code	) (Expenses \$	166,192	including grants of \$	) (Revenue \$	7,070

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

SUSTAINABLE TOURISM

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	s			-, -			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer tor/i	not one n is and trus			( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			i.			# 6				
DANIEL R KATZ	1 0									
DIRECTOR, BOARD CHAIR	0 0	Х		×				0	0	0
LABEEB ABBOUD	1 0								_	_
DIRECTOR	0 0	Х						0	0	C
ROGER DEROMEDI	1 0									
DIRECTOR, VICE CHAIR	0 0	X		×				0	0	C
WENDY GORDON	1 0									
Director, VICE CHAIR		X		X				0	0	С
<del></del>	0 0					-				
ERIC ROTHENBERG	1 0	l x						0	0	
DIRECTOR	0 0									
PETER M SCHULTE	1 0									
Director, Treasurer	0 0	X		×				0	0	C
KERRI A SMITH	1 0									

0 0 10

00 10

0 0 10

0 0

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DIRECTOR

DIRECTOR

DIRECTOR

ANNEMIEKE WIJN

AMAURY DE PORET

LAWRENCE LUNT DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

22,954

21,276

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	m unles	ore t ss pe	han erso cer	not one n is and crust	tee)		(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)		and related organizations
DAVID S ROSS	10									
DIRECTOR	0 0	Х						0	0	0
MARILU HERNANDEZ DE BOSOMS	1 0									
DIRECTOR	0 0	Х						0	0	0
TASSO AZEVEDO	1 0									
DIRECTOR	0 0	Х						0	0	0
SONILA COOK	1 0									
DIRECTOR	0 0	Х						0	0	0
SETH COHEN	1 0									
DIRECTOR	0 0	Х						0	0	0
DANIEL COUVREUR	1 0									
DIRECTOR	0 0	Х						0	0	0
PETER LEHNER	1 0									
DIRECTOR	0 0	Х						0	0	0
WILLIAM SARNI	1 0	.,						_	_	

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355,274

273,958

0 0 40 0

0 0

DIRECTOR

HORTENSE WHELAN

ANA PAULA TAVARES

PRESIDENT (UNTIL 9/11/2015)

EXECUTIVE VICE PRESIDENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

3,039

23,791

15,382

24,853

25,252

0

Compensated Employees, and Inde	•				Tu	stee	э, г	tey Employed	es, nignest	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
LESLIE PARK GENERAL COUNSEL & SECRETARY	40 0			x				220,637	0	25,336
NIGEL SIZER PRESIDENT (FROM 2/1/2016)	40 0			x				0	0	c
RICHARD DONOVAN Senior VP/VP of Forestry	40 0				х			173,634	0	7,336
LISA GAUCHEY  VP OF HUMAN RESOURCES	40 0				x			187,368	0	24,755
JOSHUA TOSTESON SVP, PROGRAMS, PLANNING	40 0				х			187,358	0	16,405
	1	-	-	-	-	-	-			

40 0

0.0 40 0

0 0 40 0

0 0 40 0

0 0

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167,656

154,316

148,737

125,946

127,726

ANIKA RAHMAN

DIANE JUKOFSKY

YEVGENIY KOGAN

JON JICKLING

Michelle Buckles

DIRECTOR, RA CERT

Director, Sustainable Finance

VICE PRESIDENT DEVELOPMENT

VP, COMM, MKTG, EDUCATION

DIRECTOR, IT & KNOWLEDGE MGMT

......

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S			•	•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	sition ore t ss pe	(do han erso cer tor/t	not one n is and trust	tee)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JEFFREY HAYWARD VICE PRESIDENT, DESIGN & INNOV	0.0					х	121,147	0	495

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

d Data -

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schodulo A (Form 990 or 990 EZ) and its instructions is

2015
Open to Public Inspection

DLN: 93493128011107

Employer identification number

13-3377893

Treasury
Internal Revenue Service

Name of the organization
RAINFOREST ALLIANCE INC

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

www.irs.gov/form990.

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . . . . . . . . . . Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support 13

		1	ı																													
	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	15	<b>(f)</b> Total																								
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	24,000,774	25,798,799	27,993,245	26,690,309	19	,551,286	124,034,413																								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0																								
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0																								
4	<b>Total.</b> Add lines 1 through 3	24,000,774	25,798,799	27,993,245	26,690,309	19	,551,286	124,034,413																								
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)							9,505,928																								
6	<b>Public support.</b> Subtract line 5 from line 4							114,528,485																								
S	from line 4  Section B. Total Support																															
	Calendar year (a)2011 (b)2012 (c)2013 (d)2014 (e)2015 (f)Total																															
(OF	fiscal year beginning in) ► A mounts from line 4	24,000,774	25,798,799	27,993,245	26,690,309	19	,551,286	124,034,413																								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,478	38,996	39,862	47,072	58,202				58,202		58,202		58,202		58,202		58,202		58,202		58,202		58,202		58,202		58,202		58,202		234,610
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0																								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	195,461	12,954	21,385	4,290		0	234,090																								
11	<b>Total support.</b> Add lines 7 through 10							124,503,113																								
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12		103,986,297																								
13	First five years.If the Form 990 is	-			•			) organization,																								
_	check this box and stop here				<u></u>		.▶ 🔼																									
	Public support percentage for 201			11 solumn (f)		1																										
14 15	11 1	,	`,	. 11, colullii (I))		14		91 988 %																								
15	Public support percentage for 201					15	-11-1	92 107 %																								
16a	33 1/3% support test—2015.If the	•		•	iine 14 is 33 1/3%	or more	, cneck t																									
b	and <b>stop here.</b> The organization quality <b>33 1/3% support test—2014.</b> If the				, and line 15 is 33	3 1/3% or	more, cl	►   <b>√</b> heck this																								
17a	box and <b>stop here.</b> The organizati <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organizin Part VI how the organization me	t— <b>2015.</b> If the org	anization did not d acts-and-circums	check a box on lir tances test, chec	k this box and <b>st</b>	op here. E	Explain	<b>▶</b> □																								
b	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organize Explain in Part VI how the organize	anızatıon meets t	he "facts-and-circ	umstances" test	, check this box a	nd <b>stop</b> h	iere.	<b>▶</b> □																								
18	supported organization  Private foundation.If the organizations	ation did not chec	k a box on line 13	, 16a, 16b, 17a, (	or 17b, check this	box and	see	►□ ►□																								

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.				

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

#### DLN: 93493128011107

Employer identification number

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, Part V, 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- Section 501(c)(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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	NFOREST ALLIANCE INC			Employer ide	itti ication number
				13-3377893	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 52:	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tical campaign act	civities in Part IV	
2	Political expenditures			<b>&gt;</b>	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	igers under sectio	n 4955 <b>•</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	'20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(	c), except section 50	)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	rganization's funds contributed to o	other organization	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	!0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments f amount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
	Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 99	 	Cat No 500845 Schedule C	 

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Α	Check	$\blacktriangleright$	Г	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
				expenses, and share of excess lobbying expenditures)

expenses, and share of excess to	bbying expenditures)						
Check ► If the filing organization checked	box A and "limited control" provisions apply						
	• • •	(a) Filing organization's totals	(b) Affiliated group totals				
Total lobbying expenditures to influence public lobbying)							
Total lobbying expenditures to influence a legi	islative body (direct lobbying)	2,460					
Total lobbying expenditures (add lines 1a and	2,460						
Other exempt purpose expenditures		43,667,929					
Total exempt purpose expenditures (add lines	1c and 1d)	43,670,389					
Lobbying nontaxable amount Enter the amour	nt from the following table in both columns	1,000,000					
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
Not over \$500,000	20% of the amount on line 1e						
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000						
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000						
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000						
Over \$17,000,000	\$1,000,000						
	Check ▶ If the filing organization checked  Limits on Lob (The term "expenditures"  Total lobbying expenditures to influence public lobbying)  Total lobbying expenditures to influence a legistropy and lobbying expenditures (add lines 1a and Other exempt purpose expenditures  Total exempt purpose expenditures (add lines  Lobbying nontaxable amount Enter the amount If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000 20% of the amount on line 1e  Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000  Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Septimized in institute on the excess over \$1,000,000  Septimized in institute of the excess over \$1,000,000  Septimized in institute of the excess over \$1,000,000  Septimized in institute of incurred.)  (a) Filing organization's septimized in incurred.)  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (a) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing organization's septimized.  (c) Filing organization's septimized.  (a) Filing organization's septimized.  (b) Filing o				

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

(Some organizations that made a section 501(h) election do not have to complete all of the fi columns below. See the separate instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	(c)2014	<b>(d)</b> 2015	(e) Total	
2a	Lobbying nontaxable amount	0	1,000,000	1,000,000	1,000,000	3,000,000	
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000	

j	reporting section 4911 tax for this year?	. In or line II, did the	_	Yes √No		
	4-Year Ave (Some organizations that made a so columns below. See th		ection do not	have to com		e five
	Lobbying Expe	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2a	Lobbying nontaxable amount	0	1,000,000	1,000,000	1,000,000	3,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
_с	Total lobbying expenditures	0	5,741	4,350	2,460	12,551
d	Grassroots nontaxable amount	0	250,000	250,000	250,000	750,000
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f	Grassroots lobbying expenditures	0	2,249	750	0	2,999

250,000

Return Reference

filed Form 5768 (election under section 501(h)).	(	a)	(b)
each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying rivity	Yes	No _	A mount
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			
Volunteers?			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
Media advertisements?			
d Mailings to members, legislators, or the public?			
Publications, or published or broadcast statements?			
Grants to other organizations for lobbying purposes?			
Direct contact with legislators, their staffs, government officials, or a legislative body?			
n Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
Other activities?			
Total Add lines 1c through 1i			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
If "Yes," enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
		I –	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on <b>501</b> (c	)(5), o	r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on <b>501</b> (c		Yes
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	on <b>501</b> (c		Yes I
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	on <b>501</b> (c	<u> </u>	Yes   1   2
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?			Yes   1   2   3
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?	on 501(c	)(5), 01	Yes   1   2   3   r section
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	on 501(c	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members	on 501(c d "No" C	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	on 501(c d "No" C	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	on 501(c d "No" C l l 2a 2b	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	2a 2b 2c	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2a 2b 2c 3	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3	)(5), 01	Yes   1   2   3   r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	2a 2b 2c 3	)(5), 01	Yes   1   2   3   r section

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493128011107

# **SCHEDULE D**

(Form 990)

Department of the

Treasury

**Supplemental Financial Statements** 

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

OMB No 1545-0047

Open to Public Inspection

Interr	nal Revenue Service	,				znopeccio:	
	me of the organization INFOREST ALLIANCE INC			-	oyer identificat	ion number	
	O and allow Material as Base	Addisolate ada a Otha C			377893		
26	Organizations Maintaining Donor Complete if the organization answere			nas o	r Accounts.		
	Complete if the organization answers	(a) Donor advised funds	, IIIIC 01	(b)	Funds and other	r accounts	
1	Total number at end of year	(a) Bollot advised lands		(5)	unus ana otne	accounts	
2	Aggregate value of contributions to (during						
3	year)  Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			radvis	;ed	☐ Yes ☐	No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	3 3	•		purpose	┌ Yes ┌	- <b>N</b> o
Pa	rt III Conservation Easements. Comple	ete if the organization answere	d "Yes" or	ı Form	າ 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all that appl	y)				
	Preservation of land for public use (e g , recreducation)		vation of an	histori	ıcally ımportant	: land area	
	Protection of natural habitat	Preser	vation of a c	ertifie	d historic struct	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contr	ibution in th	e form	of a conservati	on	
					Held at the	End of the Ye	ar
а	Total number of conservation easements		L	2a			
b	Total acreage restricted by conservation easeme	nts	ļ	2b			
c	Number of conservation easements on a certified	• •	_	2c	<u> </u>		
d	Number of conservation easements included in (only historic structure listed in the National Register	c) acquired after 8/17/06, and not	on a	2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguished, o	r termınated	by the	e organızatıon d	uring the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is located ►		_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation (		ction, handl	ing of	☐ <b>Y</b> e	s □No	
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, a	and enforcin	g cons		•	he
	<b>&gt;</b>						
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and e	enforcina coi	nserva	tion easements	during the ve	ar
,	<b>▶</b> \$	3, 3	,			,	
8	Does each conservation easement reported on II (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirem	ents of sect	ion 17	0(h)(4)	es □No	
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization			se statement, a	nd	
Pai	t III Organizations Maintaining Collec	tions of Art, Historical Tre		r Oth	er Similar A	ssets.	
_	Complete if the organization answere						
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, e	education, o	r resea	arch in furtherar		
b	If the organization elected, as permitted under SI					sheet	
-	works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, e					

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

**▶** \$ \_\_

SCILE	dule D	(FOIIII 990) 2015					Page ∠
Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, check any	of the following that	are a significant us	e of its
а		Public exhibition		d $\Gamma$ Lo	an or exchange pro	grams	
b		Scholarly research		<b>e</b>	ther		
С	=	Preservation for future generations					
4		de a description of the organizations	's collections and ex	volain how they fur	ther the organization	ın's exemnt nurnose	o in
•	Part >			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5		g the year, did the organization soli s to be sold to raise funds rather th					s No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization		n Form 000 Dar	+ IV line 0 or re	<u>'</u>	•
		Part X, line 21.	alisweled tes o	11 FOI 111 990, Pai	civ, line 9, or re	ported an amour	it on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	rmediary for contr	ibutions or other as	sets not	s 🗸 No
b	If"	'Yes," explain the arrangement in P	art XIII and comple	ete the following tal	ble	Am	nount
c		ginning balance	are XIII and compre	te the following ta	1		
d		ditions during the year			1	d	
e		tributions during the year			1	e	
f	End	ding balance			1	f	
2a	Did th	ne organization include an amount c	on Form 990, Part X	, line 21, for escro	w or custodial acco	unt liability? 🔽 Ye	s No
b	If"Ye	es," explain the arrangement in Part	t XIII Check here if	the explanation h	as been provided in	Part XIII	
Pa	rt V	Endowment Funds. Comple					
			(a)Current year	(b)Pnor year	<b>b (c)</b> Two years back		(e)Four years back
1a	_	nning of year balance	1,139,962	1,125,127	1,068,061	1,054,695	1,026,469
b	Conti	ributions 					
c	Net II losse	nvestment earnings, gains, and es	27,935	19,698	61,684	37,209	56,882
d	Grant	ts or scholarships					
e		· · · · · · · · · · · · · · · · · · ·	18,166	4,863	4,618	23,843	28,656
f	A dmı	nistrative expenses					
g		of year balance	1,149,731	1,139,962	1,125,127	1,068,061	1,054,695
2	Provi	de the estimated percentage of the	current year end ba	lance (line 1g, col	umn (a)) held as	I	
а		I designated or quasi-endowment <b>&gt;</b>	·	, 3,	· //		
b		anent endowment ► 86 980 %					
c		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	13 020 %				
<b>3</b> a	•	nere endowment funds not in the po			ield and administer	ed for the	
-		ization by	sacration of the orge	inización chac are i	iera ana aanimister		Yes No
	٠,	-					a(i) No
b		elated organizations es" on 3a(ii), are the related organiz			 D2	<del></del>	n(ii) No 3b
4		ribe in Part XIII the intended uses					
Par	rt VI	Land, Buildings, and Equip	oment.				
		Complete if the organization  Description of property	answered 'Yes' to		IV, line 11a.See	Form 990, Part >	
		Description of property		(a) Cost or other (investme	r basis   Cost or other t		
<b>1</b> a	Land						
b	Buildin	gs					
c	Leaseh	nold improvements			813	404 310,7	712 502,692
d	Equipm	nent		. 1	188	722 123.0	83 65,639

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

116,865

685,196

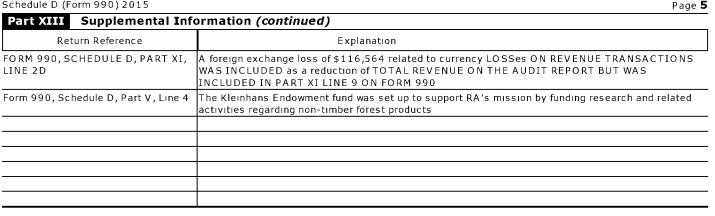
186,068

302,933

Part VII	See Form 990, Part X, line 12.			
	<ul><li>(a) Description of security or categ (including name of security)</li></ul>	ory	<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market valu
	al derivatives v-held equity interests			
<b>3)</b> O ther	mera equity interests			
	mn (b) must equal Form 990, Part X, col (B) line 12			
art VII	Investments—Program Related Complete if the organization answe	red 'Yes' on Form 99	0, Part IV, line 11c. <sub>S.</sub>	ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
				Cost of the of year market value
F-1-1 (Color	and the south and form 200 Part V and (D) (and 12)			
	mn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organiz		ı Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	ı Form 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	ı Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	I Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	Form 990 , Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' or	Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In	ne 15 )		(b) Book value
Part IX	Umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the Gee Form 990, Part X, line 25.	ne 15 ) organization answere		(b) Book value
Part IX	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the o	ne 15 )		(b) Book value
Fotal. (Cold Part X	Umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the Gee Form 990, Part X, line 25.	ne 15 ) organization answere		(b) Book value
Fotal. (Cold Part X	Other Assets. Complete if the organiz  (a) Do  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	ne 15 ) organization answere		(b) Book value
Fotal. (Cold Part X  L. DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	me 15 ) organization answere (b) Book valu		(b) Book value
Fotal. (Cold Part X  L. DEFERRED	Other Assets. Complete if the organiz  (a) Do  umn (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability	me 15 ) organization answere (b) Book valu		(b) Book value
Fotal. (Cold Part X  L. DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	me 15 ) organization answere (b) Book valu		(b) Book value
Fotal. (Color Part X	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	ne 15 ) organization answere (b) Book valu		(b) Book value
Fotal. (Color Part X  1.  DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	ne 15 ) organization answere (b) Book valu		(b) Book value
Total. (Color Part X  1.  DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	ne 15 ) organization answere (b) Book valu		(b) Book value
Total. (Color Part X  1.  DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	ne 15 ) organization answere (b) Book valu		(b) Book value
Fotal. (Color Part X  1.  DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	me 15 ) organization answere (b) Book valu		(b) Book value
Total. (Color Part X  1.  DEFERRED	Other Assets. Complete if the organiz  (a) Do  (a) Do  (b) must equal Form 990, Part X, col (B) In  Other Liabilities. Complete if the office See Form 990, Part X, line 25.  (a) Description of liability  come taxes  D RENT LIABILITY	me 15 ) organization answere (b) Book valu		(b) Book value

Par		enue per Audited Financial Sta ation answered 'Yes' on Form 990,			per Ret	urn
1	·	support per audited financial statements			1	40,091,860
2	Amounts included on line 1 but r	not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on	investments	2a	31,955		
b	Donated services and use of fac	lities	2b	1,183,981	1	
c	Recoveries of prior year grants		2c		1	
d	Other (Describe in Part XIII )				1	
			2d	-116,564		
е	Add lines <b>2a</b> through <b>2d</b>				2e	1,099,372
3			•		3	38,992,488
4	Amounts included on Form 990,	Part VIII, line 12, but not on line 1		1		
а	Investment expenses not includ	ed on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5		<b>c.</b> (This must equal Form 990, Part I, line			5	38,992,488
Part		enses per Audited Financial St ation answered 'Yes' on Form 990,			s per R	eturn.
1		udited financial statements			1	44,854,370
2	Amounts included on line 1 but r	not on Form 990, Part IX, line 25				· · ·
а	Donated services and use of fac		2a	1,183,981		
ь	Prior year adjustments		2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII )		2d		1	
e	Add lines <b>2a</b> through <b>2d</b>				2e	1,183,981
3	Subtract line <b>2e</b> from line <b>1</b> .				3	43,670,389
4		Part IX, line 25, but not on line 1:				
а	•	ed on Form 990, Part VIII, line 7b	. 4a			
b	·		4b		1	
c	Add lines <b>4a</b> and <b>4b</b>				4 <sub>C</sub>	
5		<b>4c.</b> (This must equal Form 990, Part I, li		)	5	43,670,389
Par	XIII Supplemental Info	mation		,		
Part		art II, lines 3, 5, and 9, Part III, lines 1a nes 2d and 4b, and Part XII, lines 2d and				any additional
	Return Reference	Explanation				
FORM line 2	c e p a fo e	A is exempt from federal income tax und ode and no provision for such income ta valuated uncertain tax positions with resositions at June 30, 2016 and 2015 RA nd regulations of those countries During preign income taxes of \$279,000 and \$1 xpense in RA's statement of functional earlous foreign jurisdictions RA did not resource.	x has spect to has continued the year, and the year, and the year, are the expense.	been reflected in RA's files its U S operations and perations in other count ears ended June 30, 20, respectively, which a es, in accordance with r	nancial st d conclude ries and i 16 and 20 ire include equired lo	atements RA has ed there are no such s subject to the laws 15, RA has paid ed in foreign tax cal tax laws in

period in question



efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -	DLN:	93493128011107			
SCHEDULE F (Form 990)	Statement of	Activities (	Outside the Unit	Itside the United States				
Department of the Treasury	▶ Complete ▶ Information about Schedu	Part IV, line : ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. ınd its instructions is at <i>w</i>		2015  Open to Public Inspection			
Name of the organization RAINFOREST ALLIANCE I	NC			<b>Employer ider</b> 13-3377893	tification number			
	ormation on Activiti the organization answe			14b.				
and other assistance used to award the constant of the constan	Does the organization mee, the grantees' eligibil grants or assistance? Describe in Part V the or the United States (The following Part I, line)	ity for the grai ganization's p	nts or assistance, and	the selection criteria	<b>√ Yes  No</b> nts and other			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a <b>(f)</b> Total expenditures for and investments in region			
(1) See Add'l Data		region	regiony					
( 2)								
(3)								
(4)								
(5)								
3a Sub-total b Total from continuation to Part I c Totals (add lines 3a a		181			20,928,495			
For Paperwork Reduction Act				No 50082W <b>Sche</b>	dule F (Form 990) 2015			

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.
Fairtr	diants and other Assistance to organizations of Entitles outside the officed states.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
( 2)								
(3)								
(4)								
( 5)								
( 6)								
(7)								
(8)								
(9)								
( 10)								
( 11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)								
			ted above that are r					

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

25

12

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
( 5)							
(6)							

(2)				
(3)				
(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
(11)				
( 12)				
(42)				

(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
( 11)				
( 12)				
( 13)				
( 14)				
( 15)				
( 16)				
( 17)				
( 18)				
			Schedu	lle F (Form 990) 2015

(9)							
( 10)							
(11)							
( 12)							
( 13)							
( 14)							
( 15)							
( 16)							,
( 17)							
( 18)							
Schedule F (Form 990) 2015							

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## 990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
SCHEDULE F, PART I, 3(E)	For each of the regions, program activities include the following CENTRAL AMERICA/CARIBBE AN - ALL PROGRAMS operated by RA EAST ASIA AND THE PACIFIC - RA CERT & SUSTAINABLE AGRICUL TURE EUROPE - SUSTAINABLE AGRICULTURE & MARKETS TRANSFORMATION NORTH AMERICA - ALL PROGRAM S operated by RA SOUTH AMERICA - RA Cert, Trees, SUSTAINABLE Agriculture & CLIMATE Program SUB-SAHARAN AFRICA - RA Cert, TREES & SUSTAINABLE AGRICULTURE SOUTH ASIA - sustainable ag riculture

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S. PRIOR TO THE AWARDING OF A SUBGRANT, PROSPECTIVE AWARD RECEIPIENTS COMPLETE A PRE-AWARD RISK SURVEY, ALLOWING RA TO DESIGN MONITORING ACTIVITIES BASED UPON THE SUBRECIPIENT'S RISK LEVEL. THESE MONITORING ACTIVITIES AND ANY DONOR-SPECIFIC ADDITIONAL REPORTING REQUIREMENTS ARE INCORPORATED INTO SUBGRANT CONTRACTS AND/OR ARE DOCUMENTED WITHIN THE SUBGRANT FILE SUBRECIPIENTS ARE CONTR ACTUALLY OBLIGATED TO PROVIDE PERIODIC SUBSTANTIVE FINANCIAL AND NARRATIVE REPORTS FOR COST REIMBURSIBLE AWARDS FOR FIXED OBLIGATION GRANTS, SUBRECIPIENTS ARE OBLIGATED TO SUBMIT PROJECT MILESTONES AND ASSOCIATED VERIFICATION FOR PAYMENT PROJECT REPORTS AND ASSOCIATED BACKUP DOCUMENTATION AND CONTRACTS, INCLUDING DONOR CONTRACTS, ARE ELECTRONICALLY ARCHIVE  DRAPROGRAM PERSONNEL - US-BASED AND INTERNATIONAL - ACTIVELY MAINTAIN AND MANAGE RELATIONSHIPS WITH SUBRECIPIENTS, MAKE SITE VISITS AS REQUIRED OR NEEDED, REVIEW FINANCIAL AND NARRATIVE REPORTS, MONITOR ADDITIONAL REPORTING AND OTHER AWARD/SUBRECIPIENT-SPECIFIC REQUIREMENTS, AND PROVIDE FEEDBACK TO SUB GRANTEES AND RA MANAGEMENT RA'S EVALUATION & RESEARCH  TEAM ANALYZES REPORTS AS REQUIRED/INEEDED ALL SITE VISITS ARE RECORDED AND DOCUMENTED WITH HIN THE SUBGRANT FILE RELEASE OF FURTHER SUB-GRANT FUNDING DISTRIBUTIONS IS CONTINGENT ON RA'S ACCEPTANCE OF REPORTS AND OTHER VERIFICATION DOCUMENTATION, AND COMPLIANCE WITH ADDITIONAL REPORTING AND OTHER AWARD/SUBRECIPIENT-SPECIFIC REQUIREMENTS INTERNAL AND EXTERNAL SUBGRANT FUNDING TO A PROGRAM PERSONNEL, AND PROVIDES COMPLIANCE AND THE CONTRACTS & GRANTS ADMINISTRATION TEAM THE TEAM PROVIDES SUBGRANTEE MONITORING TRAINING TO RA PROGRAM PERSONNEL, AND PROVIDES COMPLIANCE AND REPORTIONS TO PROGRAM AND RA MANAGEMENT

## **Additional Data**

Europe (Including Iceland

and Greenland)

Software ID: Software Version:

24

**EIN:** 13-3377893

Name: RAINFOREST ALLIANCE INC

SEE PART V

3,438,701

Form 990 Schedule F Part I - Activities Outside The United States

(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)		(f) Total expenditures for region
Central America and the Caribbean	5	58	Program Services	SEE PART V	7,064,286
East Asia and the Pacific	1	39	Program Services	SEE PART V	2,546,532

Program Services

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) North America Program Services SEE PART V 3,132,662 South America Program Services SEE PART V 2,421,996

Program Services

SEE PART V

296.759

Form 990 Schedule F Part I - Activities Outside The United States

South Asia

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) Sub-Saharan Africa Program Services SEE PART V 2,027,559

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (d) Purpose of grant (c) Region cash non-cash cash disbursement organization and EIN(ıf cash grant (book, FMV, assistance assistance applicable) appraisal, other) Central America and CONSERVATION 157,674 EFT the Caribbean

7,296 EFT

	Central America and	CONSERVATION	179,896	EFT		
	the Carıbbean					
	Sub-Saharan Africa	AGRICULTURE	17.000	FFT		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Caribbean

Central America and CONSERVATION

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (d) Purpose of grant (c) Region cash non-cash organization and EIN(ıf cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) Central America and CONSERVATION 65,477 EFT the Caribbean South America LIVELIHOODS 116,252 EFT

105,310 EFT

63,247 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Ithe Caribbean

the Caribbean

Central America and CONSERVATION

Central America and CONSERVATION

(b) IRS code (I) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Central America and CONSERVATION 46.697 EFT the Caribbean **LAGRICULTURE** 281.502 EFT

16,200 EFT

755,103 EFT

Sub	o-Saharan Africa
Sub	-Saharan Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Caribbean

|Forestry

Central America and CONSERVATION

(b) IRS code (I) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash cash disbursement and EIN(ıf cash grant (book, FMV, organization assistance assistance applicable) appraisal, other) South America Livelihoods 81.037 EFT Central America and CONSERVATION 40.236 EFT

127.312 EFT

158,916 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Caribbean

the Caribbean South Asia

Central America and CONSERVATION

M&E

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (d) Purpose of grant (c) Region cash non-cash organization and EIN(ıf cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) Central America and Iconservation 78,231 EFT the Caribbean

40,160 EFT

44,655 EFT

tile Calibbean					
Central America and the Caribbean	Conservation	38,222	EFT		

**AGRICULTURE** 

IN/A

South America

Form 990 Schedule F Part II - Grants or Entities Outside The United States

East Asia and the

Pacific

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash cash disbursement and EIN(if cash grant (book, FMV, organization assistance assistance applicable) appraisal, other) North America IAGRICULTURE. 118.630 EFT South America **AGRICULTURE** 7.864 EFT

19,122 EFT

38,517 EFT

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**IFORESTRY** 

M&E

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

Sub-Saharan Africa

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Central America and CONSERVATION 28.475 EFT the Caribbean

39,945 EFT

(I) Method of

	Central America and the Caribbean	CONSERVATION	346,762	EFT		
	Central America and	CONSERVATION	142 397	eft		

AGRICULTURE

(b) IRS code

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Ithe Caribbean East Asia and the

Pacific

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (d) Purpose of grant (c) Region cash non-cash organization and EIN(ıf cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) Central America and CONSERVATION 296,531 EFT the Caribbean Central America and CONSERVATION 68,587 EFT the Caribbean

333,604 EFT

7,500 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Caribbean North America

Central America and CONSERVATION

IN/A

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) South America IN/A 6.784 EFT

73,062 EFT

	South America	N/A	5,200	EFT		
	East Asia and the	SUSTAINABLE	58,454	EFT		

IA GRICULTURE

IN/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Pacific

Pacific

East Asia and the

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (f) Manner of (e) A mount of valuation section (c) Region (d) Purpose of grant cash non-cash organization and FIN/if cach dichurcement (book, FMV) ther)

organization	applicable)			Cash grant	Cash dispuisement	assistance	assistance	appraisal, oth
		Sub-Saharan Africa	N/A	46,767	EFT			

### DLN: 93493128011107

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization
RAINFOREST ALLIANCE INC

Employer identification number

13-3377893

Pa		<b>tivities.</b> Complete s are not required				on Form 990, Part IV,	line 17.	
	Indicate whether the organ	nization raised funds	through a	ny of the	following activities Ch	eck all that apply		
а	✓ Mail solicitations			е	Solicitation of non-government grants			
b	✓ Internet and email soli	ıcıtatıons		f				
c	∇ Phone solicitations			g		ng events		
d		s		_		-		
2a	Did the organization have a or key employees listed in services?	a written or oral agre				c	s  No	
b	If "Yes," list the ten highe to be compensated at leas			(fundrais	ers) pursuant to agreer	ments under which the fu	ndraiser is	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
1	SANKY	CONSULTING	Yes	No				
1	COMMUNICATIONS INC	CONSULTING		No		226,141		
2	NEW YORK, NY 10036							
2								
3								
4								
5								
6								
7								
8								
9								
. 0								
ota	al	•	ļ	<b>&gt;</b>		226,141		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

	•	
Part II	Fundraising	Events

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of

	fundraising event contribution receipts greater than \$5,000		· on Form 990-62, line	s I and ob. List even	its with gross
		(a)Event #1  GALA  (event type)	(b)Event #2(event type)	(c)O ther events  0 (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	1,190,952 932,611			1,190,952 932,611
	<b>4</b> Cash prizes	258,341			258,341
	<b>5</b> Noncash prizes				
S	<b>6</b> Rent/facility costs	54,082			54,082
Expenses	<b>7</b> Food and beverages	115,298			115,298
Ä.	8 Entertainment	33,549			33,549
Direct Direct	<b>9</b> Other direct expenses	55,412			55,412
ā	10 Direct expense summary Add lines	4 through 9 in column (d	1)		258,341
	11 Net income summary Subtract line 1	10 from line 3, column (d	1)	<b>.</b>	
Par	<b>t III Gaming.</b> Complete if the organization Form 990-EZ, line 6a.	ı answered "Yes" on f	Form 990, Part IV, line	e 19, or reported moi	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct	4 Rent/facility costs				
_	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	├ Yes <u> %</u> ├ No	├ Yes %	├ Yes <u>%</u> ├ No	
	- Direct cupones cummany Add lines	2 through Europlumn (s	1)		
	7 Direct expense summary Add lines				
	8 Net gaming income summary Subtra	act line 7 from line 1, col	lumn (d)		
9 a	Enter the state(s) in which the organization licensed to conduct		•		Yes No
b	If "No," explain				
L0a	Were any of the organization's gaming l	icenses revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the

Treasury

Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE INC

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2015

DLN: 93493128011107

Open to Public Inspection

Employer identification number

MATHOREST MEETINGE INC						13-3377893	
Part I General Informati	ion on Grants ar	d Assistance				<u> </u>	
Does the organization maintain the selection criteria used to a Describe in Part IV the organian Characteristics.  Describe in Part IV the organian Characteristics.	award the grants or a zation's procedures	ssistance? for monitoring the use	of grant funds in the Un	ited States		stance, and orm 990, Part IV, line 2:	√ Yes No
Part II Grants and Other Assis that received more than	n \$5,000 Part II car	n be duplicated if addit	ional space is needed	ipiete ii tile organization	answered res on i	omi 990, Parciv, ime 2.	t, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 3 Enter total number of other org	ganizations listed in	the line 1 table				<u> ▶ _</u>	
For Paperwork Reduction Act Notice, s	ee the Instructions fo	r Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

ACTIVITIES REGARDING NON-TIMBER FOREST PRODUCTS THIS FUNDING IS PERIODICALLY AWARDED TO A RESEARCH FELLOW

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493128011107 OMB No 1545-0047

Open to Public

i i e a sui y	,		
Internal	Rev	enue	Ser
Name	e of	the	org

Department of the

Schedule J (Form 990)

eas	·				Insp	<u>ectio</u>	n
	al Revenue Service			Employer identification	on nu	nhor	
	NFOREST ALLIANCE INC			Linployer identification	on nu	IIDEI	
				13-3377893			
Pa	rt I Questions Regarding Compensation						
						Yes	No
La	Check the appropriate box(es) if the organization provid						
	990, Part VII, Section A, line 1a Complete Part III to	prov	,				
	First-class or charter travel	닏	Housing allowance or residence fo	·	 		 
	Travel for companions	Ļ	Payments for business use of pers	i	 		 
	Tax idemnification and gross-up payments	닏	Health or social club dues or initia	i	l I	 	<u> </u> 
	Discretionary spending account	ı	Personal services (e g , maid, cha	uffeur, chef)	 	 	 
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b		
2	Did the organization require substantiation prior to reim						
	directors, trustees, officers, including the CEO/Executi	ive D	irector, regarding the items checked	I in line 1a?	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that used by a related organization to establish compensation	apply	Do not check any boxes for metho	ds			
	Compensation committee	$\Box$	Written employment contract				
	✓ Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	<b>~</b>	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, Pai or a related organization	rt V I	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	men	t?		4a	Yes	
b	Participate in, or receive payment from, a supplemental	l non	qualified retirement plan?		4b		No
c	Participate in, or receive payment from, an equity-base	d co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns mu	ıst complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of		·	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		No
b	Any related organization?				6b		No
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," desc			on-fixed	7		No
3	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Rein Part III		•		8		No
	If "Ves" on line 8, did the organization also follow the re	hutt	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

ruge Z								
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

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

Return Reference Explanation Schedule J. Part III THE ORGANIZATION'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS

WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE IPRESIDENT AND CEO. A REVIEW OF THE TOTAL COMPENSATION FOR EACH INDIVIDUAL IS MADE ON AT LEAST AN ANNUAL BASIS AND IENSURES THAT THE TOTAL COMPENSATION OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR IPURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND CFO THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING. 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING  $oxed{ITS}$  DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE MEMBERS OF THE BOARD OF DIRECTORS FACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT ILIMITED TO THE PRESIDENT AND CEO. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 1990 ARE REVIEWED ANNUALLY BY THE PRESIDENT WITH ASSISTANCE FROM OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE POSITIONS, PERSONNEL REVIEWS AND EVALUATIONS TO ACCRUED SALARY BETWEEN SEPTMBER 12, 2015 AND DECEMBER 31, 2015 Schedule J (Form 990) 2015

Schedule J, Part I, Line 4a UPON VOLUNTARY RESIGNATION FROM RAINFOREST ALLIANCE, INC , TENSIE WHELAN RECEIVED A PAYMENT OF \$92,603 WHICH RELATED

## Software ID: Software Version:

**EIN:** 13-3377893

Name: RAINFOREST ALLIANCE INC

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 HORTENSE WHELAN PRESIDENT (UNTIL	(1)	262,671	0	92,603	18,000	4,954	378,228	
9/11/2015) `	(11)	0	0	0	0			
1ANA PAULA TAVARES EXECUTIVE VICE PRESIDENT	(1)	273,958	0	0	13,250	8,026	295,234	
EXECUTIVE VICE TRESIDENT	(11)	0	0	0	0			
2RICHARD DONOVAN	(1)	173,634	0	0	0	7,336	180,970	
Senior VP/VP of Forestry	(11)	0						
	(,		0	0	0	0	0	
<b>3</b> LISA GAUCHEY VP OF HUMAN RESOURCES	(1)	187,368	0	0	18,000	6,755	212,123	
	(11)	0	0	0	0			
4DIANE JUKOFSKY VP, COMM, MKTG,	(1)	154,316	0	0	15,680	8,111	178,107	
EDUCATION	(11)	0	0	0	0			
5JOSHUA TOSTESON	(1)	187,358	0	0	10,156	6,249	203,763	
SVP, PROGRAMS, PLANNING	(11)	0	0	0	0			
6LESLIE PARK	(1)	220,637	0	0	18,000	7,336	245,973	
GENERAL COUNSEL & SECRETARY	(11)	0	0	0	0	-		
7YEVGENIY KOGAN	(1)	148,737	0	0	6,798	8,584	164,119	
DIRECTOR, IT & KNOWLEDGE MGMT	(11)							
	(,	· ·	0	U	U	0	0	
8JON JICKLING DIRECTOR, RA CERT	(1)	125,946	0	0	18,000	6,853	150,799	
*	(11)	0	0	0	0			
9Michelle Buckles Director, Sustainable Finance	(1)	127,726	0	0	18,000	7,252	152,978	
bireccor, Sustainable i mance	(11)	0	0	0	0			
10ANIKA RAHMAN VICE PRESIDENT	(1)	167,656	0	0	0	3,039	170,695	
DEVELOPMENT	(11)	0	0	0	0			

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Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

DLN: 93493128011107 OMB No 1545-0047

2015

Department of the Freasury Internal Revenue Sen		nformation a	bout Sche	dule L (Form 9 www.irs.go		) and its instru	ıctions	is at			n to Pu specti	
Name of the orga RAINFOREST ALLIAN	anızatıon									fication	number	
Part I Exce	ss Benefit Tr	ancaction	C (costion	E01/c)/2) co	oction E01(c)	(4) and E01/a		3-337		onlu)		
	ete ıf the organız										40b	
	of disqualified p					fied person an			cription		(d) Corr	ected?
				or	ganızatıon			transaction			Yes No	
<b>2</b> Enter the ar 4958	mount of tax incu	rred by orga	nızatıon ma	anagers or dis		sons during the	,	under •	section	•	•	
<b>3</b> Enter the ar	mount of tax, If ar	ny, on line 2,	above, rei	mbursed by th	ne organizatio	on			<b>&gt;</b> \$			
Com	nns to and/or aplete if the organ anization reported	nization ansv	vered "Yes	" on Form 990		line 38a, or Fo	orm 99	0, Par	t IV , lın	e 26, o	rıfthe	
(a) Name of interested person	(b) Relationship with organization	Purpose of	or from th	(d) Loan to (e) Original (f) Balance (g) In or from the principal due default? (e) organization?		he principal due default? on? amount default?				ved agreemen rd or		
			To	From			Yes	No	Yes	No	Yes	No
						I	I	1	1	1	1	

<b>F</b>									committee?			
			То	From			Yes	No	Yes	No	Yes	No
Total		<b>▶</b> \$	·									
Part IIII Gra	ants or Assista	ance Ben	efiting :	Interested	Persons.	rt IV Juno 2	7					

Complete if the organization answered

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organi:	(e) Sharing of organization's revenues?	
				Yes	No	
(1) EMILY DONOVAN	KEY EMPLOYEE - FAMILY	67,674	EMPLOYMENT - REPORTABLE COMP		No	

Return Reference

Explanation

RA IS a founding member of the Red de Agricultura Sostenible, A C (SAN), a Mexico-registered organization which focuses on sustainability standards RA collects and remits funds on behalf of the SAN NIGEL SIZER CURRENTLY SERVES ON THE BOARD OF THE SAN -Tensie Whelan served on the board of SAN through the end of FY16 -Josh Tosteson SERVED on the board of the SAN -Andre De Freitas served as Executive Director of SAN, while employed by RA, through the end of FY16 RA and NEPCon, a Denmark-registered organization, contract with each other to perform certain certification and validation services -Jon Jickling was a NEPCon board member during part of FY16 Tensie Whelan served on the following advisory boards -Unilever, Sustainable Sourcing Advisory

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M** 

DLN: 93493128011107

OMB No 1545-0047

2015

## **Noncash Contributions**

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

► Attach to Form 990.

(Form 990)

Department of the Treasury

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

an	ne of the organization				Employer identificat	ion nu	mber	
ΑIN	IFOREST ALLIANCE INC				13-3377893			
P	art I Types of Property				13-3377693			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do noncash contrib	etermı		ıts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	16	36,700	Selling price			
LO	Securities—Closely held stock .							
L1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
L6	Real estate—Commercial							
L7	Real estate—Other							
L8	Collectibles							
L9	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
	O ther ▶ ()							
	Other ► ()							
28	O ther ▶ ()				<del>                                     </del>			
29	Number of Forms 8283 received for which the organization comple				29			1
30a	a During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	; 1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	tion, and which is not requ	red to be used			
	for exempt purposes for the enti	re holdina r	period?			30a	ļ	No
	If "Yes," describe the arrangem					334		1,40
	Does the organization have a gif			eview of any non-standard	contributions?	31	ļ	No

contributions? . . .

**b** If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Page 2

Schedule M (Form 990) (2015)

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DLN: 93493128011107

SCHEDULE O (Form 990 or 990-EZ)

Department of the

Internal Revenue Service

Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization RAINFOREST ALLIANCE INC

Employer identification number

13-3377893

Return Reference	Explanation
FORM 990, PART III, LINE 1	FOUNDED IN 1987, THE RAINFOREST ALLIANCES MISSION IS TO CONSERVE BIODIVERSITY AND ENSURE SUSTAINABLE LIVELIHOODS BY TRANSFORMING LAND-USE PRACTICES, BUSINESS PRACTICES, AND CONSUMER BEHAVIOR WE BRVISION A WORLD WHERE PEOPLE CAN THRIVE AND PROSPER IN HARMONY WITH THE LAND THE CORE OF OUR APPROACH LIES IN LEVERAGING MARKET DEMAND FOR SUSTAINABLE PRODUCTS TO CONSERVE BIODIVERSITY AND ENHANDEL LOCAL LIVELIHOODS FROM LARGE MULTINATIONAL CORPORATIONS TO SMALL, COMMUNITY-BASED COOPERATIVES, WE INVOLVE PRODUCERS, BUSINESSES AND CONSUMERS ALL ALONG THE VALUE CHAIN IN EFFORTS TO BRING RESPONSIBLY PRODUCED GOODS AND SERVICES TO A GLOBAL MARKETILACE IN WHICH THE DEMAND FOR SUSTAINABILITY IS GROWING STEADILY, SINCE OUR FIRST EFFORTS IN CENTRAL AMERICA NARALY, 30 YEARS AGO, THE RANDFOREST ALLIANCE HAS GROWN INTO A GLOBAL MINOVATOR OF MARKET-BASED SOLUTIONS FOR CONSERVATION AND ECONOMIC DEVELOPMENT, AND WE ARE CURRENTLY WORKING IN MORE THAN APPROXIMATELY 80 COUNTRIES THE RAINFOREST ALLIANCE IS ACTIVE IN MULTIFLE SECTORS - INCLUDING FORESTRY, AGRICULTURE, TOURISM AND CARBON/CLIMATE - PROVIDING TECHNICAL ASSISTANCE AND CERTIFICATION SERVICES TO PRODUCERS, WHILE WORKING WITH BOTH LOCAL ENTERPRISES AND DOMESTIC AND INTERNATIONAL BUY FRES TO INCREASE THE COMPETITIVENESS OF SUSTAINABILISMISMISMITATIVES Climate, Nature and Communities in Guatemala (CNCG) - In the third year of this cross-programmatic project, the Rainforest Alliance continues to build on its long track record of achievement in Guatemala, collaborating with small-and medium-sized forestry enterprises and other NGOs to help halt the country's deforestation criss. With funding from JAD, CNCC has achieved many of its project objectives, including increasing sales in production forestry value chains by \$13.38 million USD, facilitating \$66 million USD worth of sales of turber and non-turber forestry products by small- and medium-sized forestry enterprises, and promoting the sustainable management of 476.415 HECTARES (HA) of land Additionally, CNCG ASSISTED SMALL: TO MEDIU

Return Reference	Explanation	
FORM 990, PART V, LINE 4B	THE ORGANIZATION HAD SIGNATURE AUTHORITY OVER BANK ACCOUNTS IN THE FOLLOWING COUNTRIES BOLIVIA, CANADA, CAMEROON, COSTA RICA, ECUADOR, GHANA, GUATEMALA, INDONESIA, KENYA, MEXICO, NICARAGUA, PERU, UNITED KINGDOM	

Return Reference	Explanation
,	The Rainforest Alliance has an executive committee consisting of seven directors of the Board of Directors (the "Board") Pursuant to the Bylaws, the Chair of the Board serves as the Chair of the executive committee During the time between Board meetings, the executive committee can exercise all powers of the Board that may be delegated in connection with the management of the business affairs and property of Rainforest Alliance, except as restricted by law or the Certificate of Incorporation. The Executive Committee meets at the discretion of the Chair of the Board and reports all actions to the Board.

Return Reference	Explanation
FORM 990, PART	THE CFO INITIALLY REVIEWS THE ORGANIZATION'S DRAFT FORM 990 THE GENERAL COUNSEL REVIEWS THE DRAFT
VI, SECTION B,	990 WITH RESPECT TO ANY QUESTIONS INVOLVING LEGAL MATTERS THE DRAFT FORM 990 IS DISTRIBUTED TO EACH
LINE 11B	OF THE ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF FILING EACH OFFICER AND DIRECTOR IS ASKED
	TO REVIEW THE DRAFT FORM 990 AND RAISE ANY QUESTIONS OR COMMENTS THE CFO OVERSEES ANY REVISIONS
	BEFORE THE FINAL FORM 990 IS FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF OUR CONFLICT OF INTEREST POLICY, ALONG WITH A CONFLICT OF INTEREST DISCLOSURE STATEMENT, IS FURNISHED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER OF THE RAINFOREST ALLIANCE UPON UNDERTAKING THE DUTIES OF SUCH OFFICE, AND ANNUALLY THEREAFTER FOR THE TERM OF SUCH PERSON'S SERVICE TO THE ORGANIZATION ANY DISCLOSURES ARE REVIEWED BY AN INTERNAL COMMITTEE MADE UP OF THE PRESIDENT, CFO AND THE GENERAL COUNSEL, AND ARE REPORTED ON A QUARTERLY BASIS TO THE AUDIT AND RISK COMMITTEE THE AUDIT AND RISK COMMITTEE HAS AMONG ITS RESPONSIBILITIES THE DUTY OF REVIEWING AND MAKING DETERMINATIONS WITH RESPECT TO ALL TRANSACTIONS, AGREEMENTS, OR ARRANGEMENTS INVOLVING DIRECTORS, OFFICERS, AND KEY EMPLOYEES IN ADDITION, A DETAILED FORM 990 DISCLOSURE STATEMENT IS DISTRIBUTED ANNUALLY TO MEMBERS OF THE COMMITTEE THAT AWARDS KLEINHANS FELLOWSHIPS AND THE RAINFOREST ALLIANCES DIRECTORS, OFFICERS AND KEY EMPLOYEES IT REQUESTS DISCLOSURES THAT ARE REQUIRED TO BE REPORTED ON FORM 990 ABOUT ANY TRANSACTIONS BETWEEN THE ORGANIZATION AND THOSE WHO SERVE IT IN VARIOUS VOLUNTEER AND PAID CAPACITIES, AND ABOUT ANY TRANSACTIONS AMONG THOSE PERSONS

Return Reference	Explanation
FORM 990,	THE ORGANIZATION HAS DEVELOPED SALARY ADMINISTRATION GUIDELINES (THE "GUIDELINES") THAT APPLY IN SETTING
PART VI, SECTION B.	THE COMPENSATION OF ALL OF ITS EMPLOYEES, INCLUDING ITS PRESIDENT, OFFICERS, AND KEY EMPLOYEES UNDER THE GUIDELINES. THE ORGANIZATION UTILIZES SEVERAL SALARY SURVEYS WITH SIMILARLY SIZED. INTERNATIONAL NON-
LINE 15A &	PROFIT ORGANIZATIONS TO ENSURE THAT ITS SALARIES ARE WITHIN THE RANGE OF THOSE OF COMPARABLE
15B	ORGANIZATIONS GENERALLY, THE MIDPOINT OF THE ORGANIZATION'S SALARY RANGES FALLS WITHIN THE SALARY
	RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS PERFORMANCE REVIEWS ARE THEN USED TO
	ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE RANGE SET BY COMPARABILITY DATA THE  EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES MODIFICATION OF COMPENSATION THAT EXTENDS TO
	SUBSTANTIALLY ALL EMPLOYEES THE GUIDELINES ALSO REQUIRE THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE
	SEPARATELY THE COMPENSATION OF THE PRESIDENT AND CFO, UNLESS SUCH INDIVIDUALS RECEIVE A MODIFICATION OF
	COMPENSATION THAT EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES TO ENSURE RA PAY SCALES ARE CONSISTENT,
	FAIR AND COMPETITIVE, RA REGULARLY ENGAGES THE MERCER GROUP TO CONDUCT A GLOBAL REVIEW OF ITS
	DOMESTIC AND INTERNATIONAL PAY SCALES THE MOST RECENT REVIEW WAS COMPLETED IN 2014, WITH THE NEXT REVIEW EXPECTED TO OCCUR IN THE NEXT FISCAL YEAR

Return Reference	Explanation
FORM 990, PART VI,	The Organization's governing documents and financial statements are available to the public upon written request to
SECTION C, LINE 19 management in addition, the Organization's audited financial statements, 990s, conflict of interest and whis	
	policies, and summaries of all of its policies and procedures to ensure independence, are available on its Website

Return Reference	Explanation
Reference	
FORM 990,	FUNCTIONAL EXPENSES - OTHER EMPLOYEE BENEFITS - There are certain countries in which Rainforest Alliance operates
PART IX, LINE	that mandate employer contributions for pension benefits and for the cost of the health care for employees that are citizens of
9	that country These are paid as part of the employer taxes and contributions GIVEN THAT THE AMOUNTS ARE PAID AS PART
	OF PAYROLL TAXES, BUT REPRESENTS BENEFITS TO THE EMPLOYEES, RA HAS INCLUDED THESE AS EXPENSES AS
	OTHER EMPLOYEE BENEFITS IN THE STATEMENT OF FUNCTIONAL EXPENSES

Return Reference	Explanation
FORM 990, PART XI,	OTHER CHANGES IN NET ASSETS - The Organization operates in several countries and incurs foreign translation
LINE 9	gains/losses Included in line 9 is \$116,564 of foreign transaction losses

Return Reference	Explanation
FORM 8858	FOREIGN DISREGARDED ENTITIES - The Organization filed a form 8832 for disregarded entity status with respect to all its foreign subsidiaries. The Internal Revenue Service has approved the election for treatment of disregarded entity status on the following entities. Rainforest Alliance LTD (UK) - EIN # 98-1051166 Rainforest Alliance Trading LTD (UK) - EIN # 98-1069583. Rainforest Alliance (Ghana) - EIN # - 98-1051463 Foundation Rainforest Alliance (Spain) - EIN # 98-1051394. The Organization has not receive a determination with respect to the remaining foreign subsidiaries. The Organization will continue to treat them as foreign disregarded entities within form 990, including the filing of form 8858 for each one.

Return Reference	Explanation
FORM 990, PART III, LINE 4A	RA-Cert has certified nearly 5,000 acres (2,004 ha) of banana farms in Belize, a particularly significant achievement because the plantations in question are located in a part of the country where the natural ecosystems are heavily threatened due to land pressures. The certification area for melon and watermelon also grew by 1,483 acres (600 ha) in the first quarter of the fiscal year. In Colombia, our work with a local NGO (The Foundation) is helping us to advance sustainable tourism in the country, including conducting our first tourism training there. RA-Cert expanded its work in Africa.

Return Reference	Explanation
FORM 990, PART III, LINE 4B	The Rainforest Alliance has pioneered sustainable forestry on a global scale through the promotion and implementation of sustainable management practices. These activities have helped to make working forests sustainable, and to sustain and enhance the livelihoods that are derived from them. Our TREES sustainable forestry program works with forest communities and small- and medium-sized enterprises (SMEs) to help them harvest and produce forest products in a sustainable way, and sell those goods to conscientious consumers in the global marketplace. As the program name indicates, we do this by focusing on (TR)aining, (E)xtension, (E)nterprises and (S)ourcing activities (TREES) in the past year, TREES successfully closed out our flagship effort in SUPPORT OF COMMUNITY FORESTRY IN LATIN AMERICA A COMPLEX AND FAR-REACHING project that was funded by the Multilateral Investment Fund/Inter-American Development Bank. The project engaged more than 100 SMEs in Mexico, Guatemala, Honduras, Nicaragua and Peru, and RESULTED IN THE PUBLICATION OF 10 IMPORTANT CASE STUDIES-BOTH IN ENGLISH AND SPANISH-THAT EXAMINED VARIOUS FACETS OF COMMUNITY FORESTRY IN THE REGION. In particular, the reports looked at forest conservation through certification, market development, and the strengthening of small- and medium-sized forest enterprises. The case studies buttress our community forestry model, which aims to empower local communities to manage their forests for sustainability and profitability. Other notable FY16 achievements include the following. The Avery Dennison sustainable forestry project in Honduras created nearly 200 jobs and generated more than \$149,000 USD in sales from the production of guitar necks for North America Wood Products, a US-based company. Our TREES program worked hand in hand with Ejido Caoba, a forestry cooperative in the Mexican state of Quintana Roo, to help its members negotiate and complete their first direct sale of certified wood to Europe. A shipment of mahogany was sold to a Spanish company that fabr

Return Reference	Explanation
FORM 990, PART III, LINE 4C	Arcos Dorados, the company that owns and operates 2,021 McDonalds restaurants in Latin America, has agreed to use its already successful Rainforest Alliance Certified coffee program in Brazil as a model, and replicate it in Colombia, Costa Rica, Ecuador, Mexico, Panama, Peru, Puerto Rico, and Venezuela-sourcing 100% of its coffee from Rainforest Alliance Certified Farms. Other notable FY16 achievements include the following. The first labeled 100% Rainforest Alliance Certified beef product-by the Dutch firm Zandbergen World's Finest Meat-was launched in Cologne at Anuga, Europe's largest trade fair Rainforest Alliance Certified hamburgers became available in the web shop of the Netherlands largest retailer, Albert Heijin, as well as in one of the companys stores. Kroger agreed to source certified roses for the Kentucky Derby garland. EDEKA German Retail launched 100% Rainforest Alliance Certified orange Juice, a first for the Rainforest Alliance. LIDL introduced its own brand of Rainforest Alliance Certified orange. Juice in December. Rainforest Alliance Certified bananas are now available in three additional Dutch supermarkets. Dekamarkt, Dirk van den Broek, and Superunie. We finalized Danones 2020 sustainable-fruit strategy. Royal Cup agreed to roast a 100% Rainforest Alliance Certified coffee blend for the Ritz-Carlton. Dutch Railw ays now has 100% certified coffee in booths in all railway stations. Zoegas, Nestls roast and ground coffee brand, will go Rainforest Alliance Certified on all of their products in the Nordics. Rickys, a Canadian restaurant chain, has decided to switch to Rainforest Alliance Certified coffee in all 75 of its locations. Tiffany & Co. signed on for a grant for a smart source wood-product project we collaborated with patagonia to help the company source certified NATURAL RUBBER FOR USE IN ITS WETSUITS.

Return Reference	Explanation
FORM 990, PART III, LINE 4D	4d line 1 - Sustainable Agriculture The Sustainable Agriculture Program is the leading model for the effective implementation of social and environmental best management practices on farms. Our goal is to promote sustainable agriculture worldwide through an internationally credible, proactive, and responsive certification system that remains accessible to both large agribusinesses and small farmers alike. The ASA Standard for sustainable agriculture, which forms the bass of Rainforest Alliance certification, is updated periodically to ensure that it keeps up with the latest scientific findings, farming practices, and technological advances. To update the standard, the SAN and the Rainforest Alliance undertake an exhaustive process that involves several rounds of public consultation and field-testing, as well as input from hundreds of stakeholders around the world. In March 2016, the SAN General Assembly approved the 2017 SAN Standard, which will be rolled out in FY17 via a training program that designed to inform the one-million-plus farmers in our network about the revisions. Other inctable FY16 achievements include the following Our work in palm oil continues to expand A new consortium/known as CORE-WHICH WAS FOUNDED OUT OF THE UNLEVER/FROPOREST FROJECT ON PALM OIL INDONESSIA—PROVIDES THE ANI-POREST ALLIANCE WITH A CHANCE TO turn palm and other commodities away from destructive activity. We supported and facilitated the Roundtable on Sustainable Palm Oils (RSPO) approval of a High Conservation Value approach in the principles and crear, and the presentation our palm strategy during a regional RSPO meeting in Costa Rica has generated new interest in palm (and coffee) certification among area farmers. Several smallholder groups and estaties that were trained under the UNILEVER/RPA "ALLONCE certification on our palm strategy during a regional RSPO meeting in Costa Rica has generated new interest in palm (and coffee) certification among area farmers. Several smallholder groups and estaties that were trained under
	community-based forest concessions on government land could work in other countries. We also supported the UN Global Compacts "Caring for Climate" program, serving as the technical editor for a publication of case studies on business adaptation. Through the M-REDD+ project in Mexico, the Rainforest Alliance advanced partnerships with the Chihuahua and Oaxaca governments, helping them with their state-level REDD+ strategies. Some key outputs from our Learning Communities include strategic documents that will assist in implementation of these strategic plans. The M-REDD+ project has also been developing a suite of tools and capacity-building approaches on low-emissions land management and stakeholder coordination.

Return Reference	Explanation
FORM 990, PART III, LINE 4D	4d line 5 - Sustainable Finance Small- and medium-scale farms and forestry enterprises typically need loans in order to make the renovations or improvements necessary to meet the SAN or FSC standards, and/or to maintain these certifications once they achieve them. The Rainforest Alliance helps these producers dentify their financial needs and supporting them with technical assistance in business and financial management. We also work to educate financial institutions about the investment needs of sustainable producers. This past year, with funding from Alterfin, ResponsAbility, and SECO, we successfully launched a finance project with smallholder occord farmers in Cle divore to help with occord farm renovation in rehabilitation. This project is allowing us to test the delivery of capacity-building services tailored to providing producers with financing packages, as well as improving training in record-keeping. The project is a small-scale example of how blended finance solutions can transform productive landscapes. Additional EY16 achievements in sustainable finance. We presented our technical end-of-project evaluation on the Multilateral Investment Fund/Inter-American Development Bank (FOMIN/BID) Sustainable Forestry project One of the case studies that was published as part of this project examined our efforts to expand access to finance among sustainable forestry concessions in Guatemalas Petri region. The study found that community forestry enterprises can successfully apply for, execute, and repay credits, provided they are supported to make foundational improvements in the areas of legal compliance, transparency, accounting systems, and overall financial administration. Four new sustainable funce-training modules were integrated into the Rainforest Alliances service packages. Financial training and financing needs were documented for 50 enterprises and 1,000 producers in the Rainforest Alliances networks. Commitments we sustainable incertain and access to improve access to finance and/or support financial

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANTS TOTAL FEES 7049193

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE R

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

DLN: 93493128011107
OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization RAINFOREST ALLIANCE INC

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

13-3377893 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity See Additional Data Table Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form	990, Pa	art IV, I	line 34
	because it had one or more related organizations treated as a partnership during the tax year.			

(a) Name, address, and EIN of related organization	Name, address, and EIN of Primary activity related organization	Primary activity   Legal   Direct   Predominant   Share   Controlling   Income(related, unrelated, excluded from tax under   sections 512-	Direct Predominan controlling income(relate entity unrelated, excluded froi tax under sections 512	Direct Predoming controlling income(rel unrelate excluded tax und sections 5	Direct Predominan controlling income(relate r entity unrelated, excluded froi tax under	Direct Predominant income(related, to the controlling income(related, to the controlling income) Predominant income(related, to the controlling income) Predominant income(related, to the controlling income)    Direct   Predominant   Income(related, to the controlling income)   Predominant   Predo	gal Direct Predominant Situate controlling income(related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes No	1	Yes No	No					
											$\vdash$				
Part TV Identification of Polated Organizations Tayable					I.		<u> </u>								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

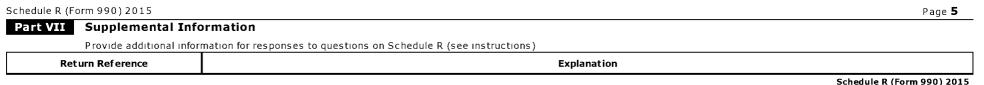
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

chedule R (Form 990) 2015					Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		
c Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		
<b>h</b> Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		
Performance of services or membership or fundraising solicitations for related organization(s)				11		
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10		
<b>p</b> Reimbursement paid to related organization(s) for expenses				1p		
				1q		
<b>q</b> Reimbursement paid by related organization(s) for expenses				-4		
${f r}$ Other transfer of cash or property to related organization(s)				1r		
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining am	ount in	volved	
	1					

## Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

revenue) that was not a related organization See instructions													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u>.                                    </u>



Software ID: Software Version:

**EIN:** 13-3377893

Name: RAINFOREST ALLIANCE INC

Form 990, Schedule R, Part I - Identification of Disre	egarded Entities	1	1 1		ı
<b>(a)</b> Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(1) RAINFOREST ALLIANCE MEXICO-ALIANCIA MATIAS ROMERO 216 DISTRITO FEDERAL 03100 MX 98-1051195	TREES	MX	1,631,948	830,621	RA
(1) RAINFOREST ALLIANCE SRL CALLE ASUNCION 180 LIBERTAD Santa Cruz BL 98-1051465	RA CERT	BL	66,565	48,346	RA
(2) RAINFOREST ALLIANCE LTD WARNFORD COURT 29 THROGMORTON ST London EC2N 2AT UK 98-1051166	A G/MARKETS	UK	2,100,315	43,946	RA
(3) RAINFOREST ALLIANCE (GHANA) Hse No 36 Abots: Street East Legon, ACCRA GH 98-1051463	TREES/RA CERT	GH	459,206	27,818	RA
(4) PT RAINFOREST ALLIANCE JALAN LETDA TANTULAR BARAT 88 DENPASAR BALI 80114 ID 98-1051106	RA CERT/AG	ID	1,055,666	1,470,146	RA
(5) RAINFOREST ALLIANCE CANADA 285 MCLEOD STREET OTTAWA, ONTARIO K2P1A1 CA 98-1051454	RA CERT	CA	1,510,829	858,432	RA
(6) RAINFOREST ALLIANCE TRADING LTD WARNFORD COURT 29 THROGMORTON ST LONDON, ENGLAND EC2N 2AT UK 98-1069583	INACTIVE	UK	0	0	RA
(7) SUSTAINABLE FARM CERTIFICATION INTL LTDA APARTADO 11029-1100 SAN JOSE CS 98-1051467	RA CERT	CS	0	0	RA