** Public Disclosure Copy**



A For the 2023 calendar year, or tax year beginning

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.

Open to Public Inspection

OMB No. 1545-0047

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

and ending

B C a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number	
	Addre	RAINFOREST TRUST				
	Name		13-3500609			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r	
	Final return	6901 VENNERV DR CUTTE 1000		800-456-	4930	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	79,028,038.	
	Amen return	ded WARRENTON, VA 20187		H(a) Is this a group re	eturn	
	Applie tion	F name and address of principal officer: DR • UAMES C • DEUIS	СН	for subordinates	? Yes X No	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
IT	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions	
JV	Vebsi	te: WWW.RAINFORESTTRUST.ORG		H(c) Group exemptio	n number	
KF	orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1989	I State of legal domicile: VA	
Pa	nrt I	Summary				
•	1	Briefly describe the organization's mission or most significant activities: RAIN	FOREST	TRUST SAVES	5	
nce		ENDANGERED WILDLIFE AND OUR PLANET BY CRE	EATING	PROTECTED R	ESERVES.	
rna	2	Check this box if the organization discontinued its operations or disposed	sed of more	than 25% of its net ass		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		13		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13	
se é	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		42		
viti	6	Total number of volunteers (estimate if necessary)	6	50		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.	
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		40,281,791.	41,407,870.	
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		759,986.	4,042,546.	
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		272.	3,090.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,042,049.	45,453,506.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·····	26,008,255.	28,384,795.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,282,914.	3,884,504.	
ens		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 2,040,3		2,417,901.	1,885,998.	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,709,070.	34,155,297.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,332,979.	11,298,209.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year	
ts or inces			1	.09,550,247.	121,913,145.	
Assets Balanc	20	Total assets (Part X, line 16)		<u>.09,550,247.</u> 396,207.	297,630.	
let A ind		Total liabilities (Part X, line 26)	4	.09,154,040.	121,615,515.	
	22 11 11	Net assets or fund balances. Subtract line 21 from line 20		.09,194,040.	141,010,010.	
	atn					

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

	10 LOO	11/14/2024								
Sign	Signature of officer			Date						
Here	DR. JAMES C. DEUTSCH, CEO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JILL M. BOYLE, CPA	JILL M. BOYLE, CPA		self-employed P01246734						
Preparer	Firm's name SIKICH LLC			Firm's EIN 36-3168081						
Use Only	Firm's address 333 JOHN CARLYLE	STREET, SUITE 500								
	ALEXANDRIA, VA 22314 Phone no. (703) 836-1									
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23		Form 990 (2023)						

2	Did the organization undertake any significant program services during the year which were not listed on the		TT
-	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.		X No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$31,256,861. including grants of \$28,384,795.)	(Devenue *	
ча	WORLD LAND AND BIODIVERSITY CONSERVATION: SINCE 1988, HAS CONSERVED AREAS IN THE TROPICS AND SUBTROPICS THROWITH LOCAL ORGANIZATIONS WHICH YIELD GOVERNMENT DESIGN	RAINFOREST TRUS	
	PROTECTED AREAS, THE PURCHASE OF LAND FOR PRIVATE NATU		D
	STRENGTHENING LAND-TENURE AND GUARDIANSHIP OF INDIGENO	-	
	LOCAL COMMUNITIES. THIS WORK YIELDS THREE AREAS OF IM		
	BIODIVERSITY CRISIS BY SLOWING AND REVERSING THE EXTIN		-
	STEMMING CLIMATE CHANGE BY PERMANENTLY LOCKING UP CARE		NG
	NATURE'S ABILITY TO SEQUESTER CARBON FROM THE ATMOSPHI		
	CONTRIBUTING TO THE RIGHTS AND LIVELIHOODS OF INDIGENOUS LOCAL COMMUNITIES.	DUS PEOPLE AND	
	LOCAL COMMONITIES.		
	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4c			
4c 4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		

Form	990	(2023)

 Form 990 (2023)
 RAINFOREST
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>x</u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	<u> </u>
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	L
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X QQA	 (2023)
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 Form 990 (2023)
 RAINFOREST
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 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	л	<u> </u>
2 4a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	- 23
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	- 23	<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
v	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) RAINFOREST TRUST 13-3500	609	P	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 42						
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a or		X			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	3b					
чa	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country	ти					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		<u>X</u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1						
b							
1 2 a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	_	0000				
332005	12-21-23	Form	990	(2023)			

	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a ino" l	espor	150
				v
Sor	Check if Schedule O contains a response or note to any line in this Part VI			X
	dion A. doverning body and management		Vee	N
10	Enter the number of voting members of the governing body at the end of the tax year 13	2	Yes	No
Id		4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 13	,		
b	5 , , , , <u>1</u>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	L
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes, " provide the names and addresses on Schedule O	9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
	This Section B requests mornation about policies not required by the internal neveral code.		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	X
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	, , , , , , , , , , , , , , , , , , , ,	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
а		15a 15b	X X	
а	The organization's CEO, Executive Director, or top management official			
a b	The organization's CEO, Executive Director, or top management official			
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			x
a b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b		x
a b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b		x
a b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	15b		x
b 16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	15b 16a		x
a b 16a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure	15b 16a 16b	X	
a b 16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extinn C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL,AK,AR,CA,CO,FL,HI,IL,KS	15b 16a 16b	X , ME	, MD
a b 16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL,AK,AR,CA,CO,FL,HI,IL,KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	15b 16a 16b	X , ME	, ME
a b 16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extinn C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, FL, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	15b 16a 16b	X , ME	, ME
a b 16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ction C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , FL , HI , IL , KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own websiteX Another's websiteX Upon request Other (explain on Schedule O)	15b 16a 16b	, ME availa	, ME
a b 16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filed _AL, AK, AR, CA, CO, FL, HI, IL, KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and second se	15b 16a 16b	, ME availa	, MD
a b 16a b Sec 17 18	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? exempt status with respect to such arrangements? exempt states with which a copy of this Form 990 is required to be filed _AL,AK,AR,CA,CO,FL,HI,IL,KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request C Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	15b 16a 16b	, ME availa	, MD
a b 16a b Sec 17	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , FL , HI , IL , KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own websiteX Another's websiteX Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	15b 16a 16b	, ME availa	, MD
a b 16a b Sec 17 18	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed _AL,AK,AR,CA,CO,FL,HI,IL,KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - $800 - 456 - 4930$	15b 16a 16b	, ME availa	, MD
a b 16a b <u>Sec</u> 17 18 19 20	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? extin C. Disclosure List the states with which a copy of this Form 990 is required to be filedAL , AK , AR , CA , CO , FL , HI , IL , KS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own websiteX Another's websiteX Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	15b 16a 16b , KY s only)	, ME availa	, MD

Form 990 (2023)	RAINFOREST TRUST	13-3500609	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Empl	oyees, and Independent Contractors								
Check	if Schedule O contains a response or note to any line in this Part VII								
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Emp	bloyees							
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 									

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box, unles		box, unless person is both an officer and a director/trustee)			n an	compensation	compensation	amount of
	week		cer an	laaa	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	utiona	_	nploy	st cor	1	1000 (120)		organizations
	line)	In divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameatorio
(1) DR. JAMES C. DEUTSCH	40.00									
CHIEF EXECUTIVE OFFICER				Х				242,832.	Ο.	16,780.
(2) MELISSA HOHIMER	40.00									
CHIEF FINANCE OFFICER				Х				166,909.	0.	6,197.
(3) JAMES LEWIS	40.00									
VICE PRESIDENT, CONSERVATI						X		138,219.	0.	14,507.
(4) LESLIE VANSANT (END 5/18/23)	40.00									
VICE PRESIDENT, PHILANTHRO						X		143,852.	0.	7,183.
(5) ALICIA BUSH	40.00									
DIRECTOR OF PHILANTHROPY						X		124,922.	0.	5,494.
(6) ERIC VEACH	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(7) DR.CULLEN GEISELMAN(FROM 5/23)	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) EDITH MCBEAN (UNTIL 5/23)	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
<pre>(9) PATRICIA KOVAL (FROM 5/23)</pre>	2.00									
SECRETARY		Х		Х				0.	0.	0.
(10) DR. WAYT THOMAS (UNTIL 5/23)	2.00									
SECRETARY		Х		Х				0.	0.	0.
(11) SARAH GILLMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(12) JOHN MITCHELL	2.00									
CHAIR EMERITUS		Х		Х				0.	0.	0.
(13) SALLY F. DAVIDSON	2.00									
DIRECTOR		Х						0.	0.	0.
(14) GEOFFREY CHEN	2.00									
DIRECTOR		Х						0.	0.	0.
(15) ERIC GOODE	2.00									
DIRECTOR		Х						0.	0.	0.
(16) KIMBERLY STEWART	2.00									
DIRECTOR		х						0.	0.	0.
(17) ANN KAUPP	2.00							_		
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

8

332007 12-21-23

13-3500609

Form 990 (2023) RAINFORES									13-3500	609 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp (B)	ploye	ees,	anc	l Hig	ghes	t C		s (continued)	
(A)	(C) Position						(D)	(E)	(F)	
Name and title	Average hours per		not c	heck	more t	than o		Reportable	Reportable	Estimated
	week	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r director				eq		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	al trus	onal ti		loyee	comp		1099-NEC)		and related
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) DR. ROBERT S. RIDGELY	2.00	L.	드	9	Åe	e Hi	윤			
DIRECTOR	2.00	х						0.	0.	0.
(19) DAVID QUAMMEN	2.00									
DIRECTOR		х						0.	0.	0.
(20) DR. BERNIE TERSHY	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								816,734.	0.	50,161.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								816,734.	0.	50,161.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove)) who	o re	eceived more than \$100,	000 of reportable	_
compensation from the organization										5
										Yes No
3 Did the organization list any former officer,	-		•	•			Ŭ	• •		3 X
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										3 X
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com					-			•		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co									, 1	tion from
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith o	or wit	hin I		ear.	(0)
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation
		110	/141							
							_			
							-			
2 Total number of independent contractors (in	0	ot lin	nitec	d to	thos	e list	ed	above) who received mo	ore than	
\$100,000 of compensation from the organized	zation				1					

332008 12-21-23

Form					ORESI	' TR	UST			13-3500	609 Page 9
Pa	rt V	/	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a res	ponse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
លូស	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			,					
		с	Fundraising events			;					
						1					
s, 0		е	Government grants (contr	ibutio	ons) 1e	,					
tion S		f	All other contributions, gifts,	grant	s, and						
ibu Cthe			similar amounts not included				41,407,870.				
ontr of O		g	Noncash contributions included in			\$	16,908,189.				
ыÖ		h	Total. Add lines 1a-1f					41,407,870.			
							Business Code				
/ice		a ⊾									
Serv		b c									
s m		d									
ogra Re		e									
Program Service Revenue			All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)					3,985,029.			3985029
	4		Income from investment of								
	5		Royalties								
	_				(i) Re	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b 6c							
		c d	Rental income or (loss) Net rental income or (loss)								
	7		Gross amount from sales of		(i) Secu		(ii) Other				
	•	u	assets other than inventory	7a	33,628		.,				
		b	Less: cost or other basis								
е			and sales expenses	7b	33,550						
evenue		с	Gain or (loss)	7c	78	,327.	-20,810.				
Ĕ		d	Net gain or (loss)					57,517.			57,517.
Other	8	а	Gross income from fundraisi								
ð			including \$								
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses								
	9		Gross income from gamin								
	Ŭ	u	Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from			-					
			Gross sales of inventory, I								
			and allowances			. 10a	a				
		b	Less: cost of goods sold 10b								
		С	Net income or (loss) from	sales	s of inven	tory					
s							Business Code				2 . 0.05
leor	11		OTHER				900099	3,090.			3,090.
Miscellaneous <u>Revenue</u>		b									
sce Bev		c d									
Ξ			All other revenue					3,090.			
	12		Total revenue. See instruction					45,453,506.	0.	0.	4045636.
332009				-						•	Form 990 (2023

Page **9**

13-3500609

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

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 4,825,721. 4,825,721. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 23,559,074. 23,559,074. individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 90,864. 432,718. 149,713. 192,141. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,928,160. 1,523,655. 350,925. 1,053,580. Other salaries and wages 7 8 Pension plan accruals and contributions (include 61,382. 32,513. 6,290. 22,579. section 401(k) and 403(b) employer contributions) 30,249. 192,990. 96,588. 66,153. Other employee benefits 9 269,254. 134,243. 43,167. 91,844. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 16,340. 10,570. 2,694. 3,076. b Legal 23,750. 23,750. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 67,709. 67,709. f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, g 536,552. 384,628. 27,888. 124,036. column (A), amount, list line 11g expenses on Sch 0.) 361,186. 66,062. 295,124. Advertising and promotion 12 340,731. 195,227. 55,447. 90,057. Office expenses 13 179,051. 46,359. 22,945. 109,747. Information technology 14 15 Royalties 39,302. 20,166. 5,381. 13,755. 16 Occupancy 235,881. 168,475. 17,784. 49,622. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 59,434. 30,495. 8,137. 20,802. Depreciation, depletion, and amortization 22 26,062. 13,372. 3,568. 9,122. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) а b С d All other expenses е 34,155,297. 31,256,861. 858,075. 2,040,361. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

332010 12-21-23

11 2023.05000 RAINFOREST TRUST Form 990 (2023)

33

109,550,247.

33

RAINFOREST TRUST

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

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X	<u></u>	<u></u>	<u></u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,817,393.	1	4,239,667.
	2	Savings and temporary cash investments	98,106,371.	2	33,283,520.		
	3	Pledges and grants receivable, net			3,652,529.	3	3,775,180.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net			247.	7	254.
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			154,278.	9	186,222.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	268,372.			
	ь	Less: accumulated depreciation	10b	135,123.	170,187.	10c	133,249.
	11	Investments - publicly traded securities			1,587,055.	11	80,290,237.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	62,187.	15	4,816.		
	16	Total assets. Add lines 1 through 15 (must equa			109,550,247.	16	121,913,145.
	17	Accounts payable and accrued expenses	333,349.	17	293,915.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
itie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables [.]	to related third			
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X			
		of Schedule D			62,858.	25	3,715.
	26	Total liabilities. Add lines 17 through 25			396,207.	26	297,630.
		Organizations that follow FASB ASC 958, che	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions	5,558,007.	27	10,131,611.		
Ba	28	Net assets with donor restrictions	103,596,033.	28	111,483,904.		
pur		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
o S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			109,154,040.	32	121,615,515.
					1 100 660 977		1 1 1 1 1 1 1 1 1 1 1 1

121,913,145.

Form 990 (2023)

15031112 765826 3273265.300

Total liabilities and net assets/fund balances

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)
1 Total revenue (must equal Part VIII, column (A), line 12) 1 45,453,506 2 Total expenses (must equal Part IX, column (A), line 25) 2 34,155,297
2 Total expenses (must equal Part IX, column (A), line 25) 2 34,155,297
2 Total expenses (must equal Part IX, column (A), line 25) 2 34,155,297
3 Revenue less expenses. Subtract line 2 from line 1 3 11,298,209
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 109,154,040
5 Net unrealized gains (losses) on investments 5 1,163,266
6 Donated services and use of facilities
7 Investment expenses 7
8 Prior period adjustments 8
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,
column (B)) 10 121,615,515
Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII
Yes No.
1 Accounting method used to prepare the Form 990: Cash X Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a
separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,
consolidated basis, or both:
X Separate basis Consolidated basis Both consolidated and separate basis
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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X
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 on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support

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

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

OMB No. 1545-0047
2023
Open to Public

Internal Rev	venue Service		Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
Name of the organization			_					Employer identification numb		
		RAIN	FOREST TRU	ST				1	3-3500609	
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instruction	ıs.		
The orga	nization is not a	private found	lation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1	A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).			
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)					
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
	city, and state	ə:								
5] An organizati	on operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
	section 170	b)(1)(A)(iv). ((Complete Part II.)							
6	A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X] An organizati	on that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general j	oublic described in	
	section 170(I)(1)(A)(vi). (C	omplete Part II.)							
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:									
10] An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from	
	activities relat	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
	income and u	nrelated busi	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	ganization a	after June 30, 1975.	
	See section	5 09(a)(2). (Co	mplete Part III.)							
11	An organizati	on organized	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12	An organizati	on organized	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or	
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
_	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	i 12g.		
a	Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving	
	the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting	
_	organizatio	n. You must o	complete Part IV, Se	ections A and B.						
b _			-	l or controlled in connect			-		-	
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
_			st complete Part IV,							
c _		-		g organization operated				lly integrate	ed with,	
		0). You must complete I			-			
d 🗌		-		porting organization oper				-		
			• •	zation generally must sat	2			I an attentiv	/eness	
		-		nplete Part IV, Sections						
e		•		written determination fro			Type I, Type	II, Type III		
				nally integrated supportin						
	ter the number of the following the second sec		n about the supporte	nd organization(c)						
g Pro	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount c	f monetary	(vi) Amount of other	
	organization			(described on lines 1-10 above (see instructions))	in your govern Yes	ing document? No	support (see i	nstructions)	support (see instructions	
				above (see instructions))	103					

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Schedule A (Form 990) 2023

RAINFOREST TRUST

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	22905224.	26677229.	70056206.	40281791.	<u>41407870.</u>	201328320		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	22905224.	<u>26677229.</u>	70056206.	40281791.	<u>41407870.</u>	201328320		
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)						71944420.		
	Public support. Subtract line 5 from line 4.						129383900		
Sec	ction B. Total Support			1	1				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	22905224.	26677229.	70056206.	40281791.	41407870.	201328320		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	952,498.	790,409.	317,725.	1001995.	3985029.	7047656.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital				0.70				
	assets (Explain in Part VI.)			2,224.	272.	3,090.			
	Total support. Add lines 7 through 10						208381562		
	Gross receipts from related activities,	, (,			12			
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)			
800	organization, check this box and sto								
	ction C. Computation of Publ						62 00		
	Public support percentage for 2023 (14	<u>62.09</u> % 55.43 %		
	Public support percentage from 2022					15			
168	33 1/3% support test - 2023. If the						V		
la	stop here. The organization qualifies		-						
D	33 1/3% support test - 2022. If the								
47.	and stop here. The organization qua								
1/a	10% -facts-and-circumstances test								
	and if the organization meets the fact			-		-			
	meets the facts-and-circumstances te	0	•		•	IZa and line 1E ia			
0	10% -facts-and-circumstances test	-					IU% OF		
	more, and if the organization meets the								
10	organization meets the facts-and-circ								
ΙÖ	Private foundation. If the organization	UT UIU NOT CHECK A		a, 100, 17a, or 17t	D, CHECK THIS DOX A				
						Scriedule A	(Form 990) 2023		

332022 12-21-23

	Schedule A	Form 990) 202
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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
-	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organ	lization,
					-		
Sec	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	023 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and li	ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizat	tion
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	tructions	
33202	23 12-21-23						lule A (Form 990) 2023
			16				

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

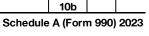
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



Schedule A (Form 990) 2023 RAINFORE:	ЗT
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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c t	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>il in</i> Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No

TRUST

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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Ch	eck the box next to the me	thod that the organization	used to satisfy the	ne Integral Part Test during	g the year (see instructions).
------	----------------------------	----------------------------	---------------------	------------------------------	--------------------------------

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

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s).</u>
---	--	---	-------------------------	------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

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

Schedule A (Form 990) 2023

332025 12-21-23

18 2023.05000 RAINFOREST TRUST

	dule A (Form 990) 2023 RAINFOREST TRUST			L3-3500609 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

20 2023.05000 RAINFOREST TRUST

13-3500609	Page 7
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Sche	dule A (Form 990) 2023 RAINFOREST TR			1	3-3500609 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I.	1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISC	ELLANEOU	5						
2021	AMOUNT:	\$	2,224.					
2022	AMOUNT:	\$	272.					
2023	AMOUNT:	\$	3,090.					
332028 12	-21-23				21		Schedule	A (Form 990) 2023

SCHEDULE D

9 0)

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.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

	-3			

Dee	RAINFOREST TRUST			13-3500609
Par			liar Funds of Ac	COUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised fu	inds (I	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held ir	n donor advised fund	s
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant f	funds can be used or	ıly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any ot	her purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" o	n Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	reservation of a histo	rically important land area
	Protection of natural habitat	Pi	reservation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution	n in the form of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru	at we be the deal and line Or		2c
	Number of conservation easements included on line 2c acqui			
-	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
•	year		in alou by the erganiz	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		handling of	
Ŭ	violations, and enforcement of the conservation easements it	U	e e	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nforcina conservatio	
U		narialing of violations, and c	Thoreing conservation	reasements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and onforc	ing conconvation one	oments during the year
'	Amount of expenses incurred in monitoring, inspecting, nand		ang conservation eas	ements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	section 170(b)(4)(B)(i)	
0	•			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footn			
	organization's accounting for conservation easements.	lote to the organization's line	ancial Statements tha	it describes the
Par	t III Organizations Maintaining Collections of	Art Historical Treasu	ires, or Other Si	milar Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 95		a atatamant and hala	noo oboot worko
Id		· ·		
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			- la set a set a set
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	of public service,
	provide the following amounts relating to these items.			•
	(i) Revenue included on Form 990, Part VIII, line 1			
~				
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023
332051	09-28-23			

27 2023.05000 RAINFOREST TRUST

Sche		EST TRUST						13-35			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histori	cal Tre	asures, o	r Other	^r Simila	r Assets	contir	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check an	y of the f	ollowing that	t make si	gnificant (use of its			
	collection items (check all that apply).										
а	Public exhibition	d	Loa	an or exc	hange progra	am					
b	Scholarly research	е	Oth Oth	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they	further th	e organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	rical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma						<u></u>		Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pai		te if the org	anizatior	answered "	Yes" on I	Form 990	, Part IV, li	ne 9, or		
19	Is the organization an agent, trustee, custodi		liary for cor	tribution	s or other as	sets not	included				
Ia	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing tabl	ے۔ م				∟		L	
~			ownig tabl						Amount	:	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if		wered "Yes	s" on For	m 990, Part I						
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three y	years back	(e) Four	years	back
1a	Beginning of year balance	581,832.	1,91	5,080.		9,466.	1,3	37,458.	1,	077,	109.
b	Contributions	25,000.		1,361.	4	4,085.		35,406.		62,	292.
С	Net investment earnings, gains, and losses	55,912.	-35	5,429.	201	1,529.	3	36,602.		198,	057.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	109,780.	97	9,180.							
f	Administrative expenses										
g	End of year balance	552,964.		81,832.		5,080.	1,7	09,466.	1,	337,	458.
2	Provide the estimated percentage of the curr			olumn (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%								
b	Permanent endowment .0000	%									
с		%									
•	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that ar	e neid ar	id administer	red for th	e		ſ	Yes	No
	organization by:								20(1)	103	X
	(i) Unrelated organizations?(ii) Related organizations?								3a(i) 3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organizations?	tions listed as require									
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm			13.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, lir	ne 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Bool	k valu	е
		basis (investm	nent)	. ,	(other)		oreciation		()		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			26	8,372.		L35,1	23.	13	3,24	49.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 10c.	column	<i>(</i> B))				13:	3,24	49.
								Schedule	D (Form	1 990)	2023

332052 09-28-23

) (Form 990) 2023	- Other Securities	

		e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. <i>(B))</i>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY FOR FINANC	CING		
(3) LEASE			3,715.
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			3,715.

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 RAINFOREST TRUST			-	3500609 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	46,599,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,163,266		
b	Donated services and use of facilities	2b	50,600	<u>,</u>	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,213,866.
3	Subtract line 2e from line 1			3	45,385,797.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,709	<u>,</u>	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	67,709.
				I _	45,453,506.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
5 Ра	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i>	ents Wi	th Expenses per		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per		'n
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per		
	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	ith Expenses per	Retur	'n
1	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per	Retur	'n
1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	ith Expenses per	Retur	'n
1 2 a	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi 2a 2b	ith Expenses per	Retur	'n
1 2 a b	Image: Second liable of the organization of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ith Expenses per	Retur	n 34,138,188.
1 2 a b c	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	50,600	Retur	n 34,138,188. 50,600.
1 2 b c d	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	50,600		n 34,138,188.
1 2 b c d e	Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	50,600	Retur	n 34,138,188. 50,600.
1 2 b c d e 3	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	50,600	Retur	n 34,138,188. 50,600.
1 2 3 4	XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	50,600	Retur	n 34,138,188. 50,600. 34,087,588.
1 2 a b c d e 3 4 a	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	67,709	Retur	n 34,138,188. 50,600. 34,087,588. 67,709.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	67,709	1 2e 3	n 34,138,188. 50,600. 34,087,588.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND LOCAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF

STATE LAW. THE ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION.

THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE

THEIR TAX-EXEMPT STATUS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING

FINANCIAL STATEMENTS. GENERALLY, TAX RETURNS ARE SUBJECT TO EXAMINATION BY

TAXING AUTHORITIES FOR UP TO THREE YEARS FROM THE DATE A COMPLETED RETURN

IS FILED. IF MATERIAL OMISSIONS OF INCOME EXIST, TAX RETURNS MAY BE

SUBJECT TO EXAMINATION FOR UP TO SIX YEARS. IT IS THE ORGANIZATION'S

POLICY TO DISCLOSE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX 332054 09-28-23

30

Schedule D (Form 990) 2023 RAINFOREST TRUST Part XIII Supplemental Information (continued)	13-3500609 Page 5
Part XIII Supplemental Information (continued)	
POSITIONS, IF ANY, IN THE ACCOMPANYING FINANCIAL STATEMENTS.	AS OF
DECEMBER 31, 2023, THE ORGANIZATION HAD NO UNCERTAIN TAX POS	SITIONS WHICH
SHOULD BE DISCLOSED. THE ORGANIZATION IS NO LONGER SUBJECT 7	TO U.S. FEDERAL
OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS PRIOF	к то 2020.
332055 09-28-23	Schedule D (Form 990) 2023

Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest i	nformation.		Inspection
Name of the organization					Employer	identification number
RAINFOREST TRUS	т				13-35	00609
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answ	ered "Yes" on
Form 990, Part I						
-	•		ds to substantiate the amount of its gra			
the grantees' eligibility f	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	stance?	X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service specific typ (s) in the reg	e expenditures for and investments
CENTRAL AMERICA AND THE CARRIBEAN		0	CONSERVATION PROGRAM SERVICES	LAND CONSER CONSERVATIC MANAGEMENT		
				LAND CONSER	VATION AN	D
EAST ASIA & THE			CONSERVATION PROGRAM	CONSERVATIC	N PROGRAM	
PACIFIC		2	SERVICES	MANAGEMENT		3,712,390.
EUROPE		0	CONSERVATION PROGRAM SERVICES	LAND CONSER CONSERVATIC MANAGEMENT		
NORTH AMERICA		1	CONSERVATION PROGRAM SERVICES	LAND CONSER CONSERVATIC MANAGEMENT		
				LAND CONSER		
			CONSERVATION PROGRAM	CONSERVATIO	N PROGRAM	
SOUTH AMERICA		4	SERVICES	MANAGEMENT		9,606,571.
SOUTH ASIA		0	CONSERVATION PROGRAM SERVICES	LAND CONSER CONSERVATIC MANAGEMENT		
			CONSERVATION PROGRAM	LAND CONSER CONSERVATIO		
SUB-SAHARAN AFRICA		4	SERVICES	MANAGEMENT		9,268,398.
3 a Subtotal	0	11				23,747,056.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	11				23,747,056.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332071 11-29-23

SCHEDULE F (Form 990)

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM appraisal, other)
		CENTRAL AMERICA						ACTUAL AMOUNT
		AND THE CARIBBEAN	PROGRAM SUPPORT	500,000.	WIRE	0.		DISBURSED
		CENTRAL AMERICA						ACTUAL AMOUNT
		AND THE CARIBBEAN	PROGRAM SUPPORT	38,801.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	25,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	25,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	112,511.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	51,888.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	28,671.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
			PROGRAM SUPPORT	1231646.	WIRE	0.		DISBURSED

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

Schedule F (Form 990)		OREST TRUST			13-35			Page
	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	350,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE	PROCESS GUDDODU	50,000	NTDE	0.		ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	50,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	163,373.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	79,017.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	18,565.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	202,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	94,652.	WIRE	Ο.		ACTUAL AMOUNT DISBURSED

Schedule F (Form 990)		OREST TRUST			13-35			Page
	of Grants and Other	Assistance to Organiza	tions or Entities Outside th	e United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	83,464.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	608,293.	WIRE	0.		DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	114,671.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	241,148.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	20,000.	WIDE	0.		ACTUAL AMOUNT DISBURSED
		FACIFIC	FROGRAM SOFFORI	20,000.	WIKE	0.		DISBORSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	150,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		EUROPE	PROGRAM SUPPORT	60,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		NORTH AMERICA	PROGRAM SUPPORT	72,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		NORTH AMERICA	PROGRAM SUPPORT	162,803.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Schedule F (Form 990)		OREST TRUST			13-35			Page 2
	of Grants and Other	Assistance to Organiz	zations or Entities Outside t	he United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM ¹ appraisal, other)
		NORTH AMERICA	PROGRAM SUPPORT	150,221.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		NORTH AMERICA	PROGRAM SUPPORT	30,989.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	343,544.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	209,558.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	150,300.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	60,120.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	24,144.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	98,779.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	351,364.	WIRE	0.		ACTUAL AMOUNT DISBURSED

chedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation of 1 (a) Name of organization	bf Grants and Other (b) IRS code section and EIN (if applicable)	(a) Pagion	cations or Entities Outside the difference of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	168,455.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	666,650.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	244,197.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	127,526.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	54,959.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	20,664.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	577,050.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	2647740.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	571,130.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Schedule F (Form 990)		OREST TRUST			13-35			Page 2
	of Grants and Other	Assistance to Organiz	zations or Entities Outside t	he United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM ¹ appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	30,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	8,235.	WIRE	0.		ACTUAL AMOUNT DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	465,585.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	159,994.	WIRE	0.		ACTUAL AMOUNT DISBURSED
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	543,222.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	24,810.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	233,545.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	149,731.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	317,032.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Schedule F (Form 990)		OREST TRUST			13-35			Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	ne United States.	(Schedule F (Form 9			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	19,997.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	954,085.	WIRE	0.		ACTUAL AMOUNT DISBURSED
						_		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	38,495.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	77,146.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	199,374.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	140,345.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	49,515.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	1994350.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	62,132.	WIRE	0.		ACTUAL AMOUNT DISBURSED

chedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation 1 (a) Name of organization	(b) IBS code section	(a) Region	zations or Entities Outside the definition of th	he United States. (e) Amount of cash grant	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	40,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	14,797.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	35,451.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	17,928.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	178,331.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	18,850.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	126,415.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	80,475.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED

chedule F (Form 990)	e F (Form 990) RAINFOREST TRUST Continuation of Grants and Other Assistance to Organizations or Entities Outside the				13-3500609				
Yart II Continuation of I (a) Name of organization	of Grants and Other . (b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	581,064.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	1491750.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	162,439.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	115,967.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	211,120.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	44,780.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	14,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED	
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	345,025.	WIRE	0.		ACTUAL AMOUNT DISBURSED	

chedule F (Form 990)	e F (Form 990) RAINFOREST TRUST Continuation of Grants and Other Assistance to Organizations or Entities Outside the U				13-3500609					
Part II Continuation 1 (a) Name of organizatio	(b) IBS code section	(a) Region	zations or Entities Outside t (d) Purpose of grant	(e) Amount	(f) Manner of	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)		
	(··					assistance	assistance	appraisal, other)		
		SUB-SAHARAN						ACTUAL AMOUNT		
		AFRICA	PROGRAM SUPPORT	220,000.	WIRE	0.		DISBURSED		
		CHD CAUADAN								
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	215,077.	WIRE	0.		ACTUAL AMOUNT DISBURSED		
		SUB-SAHARAN						ACTUAL AMOUNT		
		AFRICA	PROGRAM SUPPORT	75,265.	WIRE	0.		DISBURSED		
		SUB-SAHARAN						ACTUAL AMOUNT		
		AFRICA	PROGRAM SUPPORT	409,868.	WIRE	0.		DISBURSED		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	320,690.	WIRE	0.		ACTUAL AMOUNT DISBURSED		
		SUB-SAHARAN						ACTUAL AMOUNT		
		AFRICA	PROGRAM SUPPORT	196,031.	WIRE	0.		DISBURSED		
		SUB-SAHARAN						ACTUAL AMOUNT		
		AFRICA	PROGRAM SUPPORT	142,851.	WIRE	0.		DISBURSED		
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	158,534.	WIRE	0.		ACTUAL AMOUNT DISBURSED		
						~ •				
		SUB-SAHARAN						ACTUAL AMOUNT		
		AFRICA	PROGRAM SUPPORT	101,732.	WIRE	0.		DISBURSED		

Schedule F (Form 990)		OREST TRUST			13-35			Page
Part II Continuation of 1 (a) Name of organization	of Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagion	ations or Entities Outside the difference of grant	e United States. (e) Amount of cash grant	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1 (g) Amount of non-cash assistance) (h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	1053893.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	468,404.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	115,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	75,321.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Schedule F (Form 990) 2023 44

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

, recipients

(d) Amount of

cash grant

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

RAINFOREST TRUST

(b) Region

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

(e) Manner of

cash disbursement

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2023

RAINFOREST TRUST Schedule F (Form 990) 2023

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

RAINFOREST TRUST PERFORMS DUE DILIGENCE AT SEVERAL STAGES TO ENSURE THAT WE WORK WITH STRONG GRANTEES WHO ARE OPERATING LEGALLY AND RESPONSIBLY IN-COUNTRY. DURING THE INITIAL REVIEWS OF CONCEPT NOTES, CONSERVATION STAFF INVESTIGATES THE PROSPECTIVE GRANTEE TO ENSURE THAT THE ORGANIZATION HAS A WEBSITE AND THE FOUNDATIONS OF ANY ORGANIZATION INCLUDING MISSION AND VISION STATEMENTS THAT ALIGN WITH RAINFOREST TRUST. ONCE A CONCEPT NOTE IS APPROVED, THE RESPECTIVE PROJECT LEAD AND REGIONAL TEAMS PERFORM FULL GRANTEE VETTING THAT INCLUDES THE REQUEST FOR ORGANIZATIONAL DOCUMENTS, INCLUDING PROOF OF AUTHORIZATION TO WORK IN-COUNTRY AS WELL AS THE MOST RECENT FINANCIAL AUDIT. ADDITIONALLY, WE REQUEST THE NAMES OF THREE REFERENCES FROM THE PROSPECTIVE GRANTEE, WITH WHOM WE FOLLOW UP WITH QUERIES ABOUT THE GRANTEE''S CAPACITY AND PERFORMANCE. THESE ARE RECORDED IN OUR DATABASE SYSTEM. BEFORE PROJECT PROPOSALS ARE SUBMITTED TO OUR BOARD OF DIRECTORS, THEY ARE REVIEWED BY OUR ADVISORY COUNCIL, COMPRISED OF EXPERTS IN THE FIELD AND/OR REGION, AS WELL AS EXTERNAL REVIEWERS WHO HAVE KNOWLEDGE OF THE RELEVANT TOPIC. EACH NEW PROPOSAL REQUIRES A MINIMUM OF THREE REVIEWERS. ONCE PROPOSED PROJECTS ARE APPROVED BY OUR BOARD OF DIRECTORS, THE RAINFOREST TRUST PROJECT OFFICER WORKS CLOSELY WITH THE GRANTEE TO ENSURE THAT THE PROJECT IS IMPLEMENTED EFFECTIVELY. THE PROJECT LEAD CONTACTS THE GRANTEE ON A REGULAR BASIS AND THE GRANTEE IS REQUIRED TO SUBMIT TECHNICAL PROGRESS AND FINANCIAL REPORTS ON A PREDETERMINED BASIS. FINANCIAL REPORTS MUST SHOW FUNDS ARE SPENT AS AGREED TO IN THE ORIGINAL, APPROVED BUDGET. TECHNICAL PROGRESS REPORTS MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARD THE ESTABLISHMENT OF A CREATED AREA AT A SATISFACTORY PACE BEFORE ADDITIONAL TRANCHES OF FUNDING ARE RELEASED. ADDITIONALLY, WHERE Schedule F (Form 990) 2023 332075 11-29-23 46

15031112 765826 3273265.300

2023.05000 RAINFOREST TRUST

Schedule F (Form 990) 2023 RAINFOREST TRUST

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
POSSIBLE, RAINFOREST TRUST STAFF VISIT THE GRANTEE AND SITES AT LEAST
ONCE WITHIN THE LIFETIME OF AN AGREEMENT TO ENSURE THAT CHALLENGES ARE
ADDRESSED AND THAT THE PROJECT IS PROGRESSING WELL. ANY PROJECTS THAT
INCLUDE LAND PURCHASES ARE REQUIRED TO PROVIDE LEGAL LAND DOCUMENTS,
INCLUDING TITLE AND OTHER CUSTOMARY SEARCHES AND SURVEY MAPS, AND DRAFT
DEEDS AND TITLE OR USE RESTRICTIONS, IF ANY, PRIOR TO THE TRANSFER OF
FUNDS. AFTER THE PURCHASE HAS BEEN COMPLETED, THE GRANTEE IS REQUIRED TO
PROVIDE A COPY OF THE LAND TITLE AS WELL AS A LAND PURCHASE REPORT. OVER
THE LONGER-TERM, OUR SCIENCE AND MONITORING TEAM IS ABLE TO USE SATELLITE
DATA TO MONITOR DEFORESTATION AT OUR PROJECT SITES AND WE WILL BE
INTRODUCING ADDITIONAL TOOLS TO ASSIST IN MONITORING THE SUCCESS OF OUR
PROTECTED AREAS.

15031112 765826 3273265.300

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Orgar	nizations.		OMB No. 1545-0047		
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭn	ited States		2023		
Department of the Treasury	•	5	Attach to Form				Open to Public		
Internal Revenue Service	ternal Revenue Service Go to www.irs.gov/Form990 for the latest information. Inspection								
Name of the organization RAINFORES	T TRUST						Employer identification number $13 - 3500609$		
Part I General Information on Grants a	nd Assistance								
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assis	stance, and the selection	on		
criteria used to award the grants or assis	tance?						X Yes 🗌 No		
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.					
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
							SUPPORT TOWARDS 2		
AMERICAN BIRD CONSERVANCY							PROJECTS IN LAND		
PO BOX 249 4249 LOYDOUN AVE					ACTUAL AMOUNT		CONSERVATION EFFORTS IN		
THE PLAINS, VA 20198	52-1501259	501(C)3	95,460.	0.	DISBURSED		COLOMBIA		
							SUPPORT FOR THE LAND		
DIAN FOSSEY GORILLA FUND							CONSERVATION TO PROTECT		
800 CHEROKEE AVE SE					ACTUAL AMOUNT		CRITICALLY ENDANGERED		
ATLANTA, GA 30315	52-1118866	501(C)3	25,461.	0.	DISBURSED		GRAUER'S GORILLAS IN THE		
							SUPPORT FOR LAND		
FRANKFURT ZOOLOGICAL SOCIETY							CONSERVATION IN THE		
3810 ARGYLE TERRACE NW					ACTUAL AMOUNT		PERUVIAN AMAZON AND IN		
WASHINGTON, DC 20011	30-0457102	501(C)3	80,551.	0.	DISBURSED		THE BALANGA NATURE		
							SUPPORT IN CREATION OF A		
GORILLA REHABILITATION &							RESERVE CONSERVATION		
CONSERVATION EDUCATION - PO BOX					ACTUAL AMOUNT		CORRIDOR IN THE		
504 - NIWOT, CO 80544	46-2308758	501(C)3	263,246.	0.	DISBURSED		DEMOCRATCI REPUBLIC OF		
							SUPPORT IN CREATING NEW		
INTERNATIONAL CONSERVATION CAUCUS							AND/OR EXPANDING EXISTING		
FOUNDATION - 1200 POTOMAC STREET PROTECTED ACTUAL AMOUNT PROTECTED A							PROTECTED AND CONSERVED		
NW - WASHINGTON, DC 20007	83-0449176	501(C)3	20,000.	0.	DISBURSED		AREAS IN THE GLOBAL		
							SUPPORT FOR FEASIBILITY		
ISLAND CONSERVATION							STUDY IN THE EFFORT TO		
630 WATER STREET					ACTUAL AMOUNT		PROTECT THE PROPOSED ISLA		
SANTA CRUZ, CA 95060	91-1839907	501(C)3	6,950.	٥.	DISBURSED		GUAFO NATIONAL PARK		
2 Enter total number of section 501(c)(3) ar		•	e line 1 table				12.		

3 Enter total number of other organizations listed in the line 1 table

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TOWARDS 2
KTK-BELT							PROJECTS IN LAND
51 LARCH DR.					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
NEW HYDE PARK, NY 11040	47-2166334	501(C)3	718,560.	0.	DISBURSED		NEPAL
							SUPPORT FOR LAND
NATURE AND CULTURE INTERNATIONAL							CONSERVATION IN THE
1400 MAIDEN LANE					ACTUAL AMOUNT		FORMAL DESIGNATION OF THE
DEL MAR, CA 92014	33-0773524	501(C)3	607,346.	0.	DISBURSED		CUENCA DEL RIO MAYO
							SUPPORT TOWARDS 3
PANTHERA CORP.							PROJECTS IN LAND
8 WEST 40TH STREET, 18TH FLOOR					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
NEW YORK, NY 10018	20-4668756	501(C)3	1,047,318.	0.	DISBURSED		MALAYSIA, THAILAND, AND
							SUPPORT TOWARDS 2
RARE							PROJECTS IN LAND
1310 N. COURTHOUSE ROAD STE 110					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
ARLINGTON, VA 22201	23-7380563	501(C)3	741,693.	0.	DISBURSED		BRAZIL AND THE
							SUPPORT IN THE PREVENTING
RESOLVE, INC							EXTINCTION FUND PROJECT
1255 23RD ST, NW, STE 275					ACTUAL AMOUNT		DEVELOPMENT IN THE HORN
WASHINGTON, DC 20037	52-1841035	501(C)3	20,000.	0.	DISBURSED		OF AFRICA, MIDDLE EAST,
i							SUPPORT TOWARDS 4
WILDLIFE CONSERVATION SOCIETY							PROJECTS IN LAND
2300 SOUTHERN BOULEVARD					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
BRONX, NY 10460	13-1740011	501(C)3	1,199,116.	0.	DISBURSED		LAOS, INDONESIA, AND CUBA
· · ·							
					1		

Schedule I (Form 990)

Schedule I (Form 990) 2023

RAINFOREST TRUST

13-3500609

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I. lin	 ne 2: Part III. column	(b): and any other ac	l Iditional information.	

PART I, LINE 2:

RAINFOREST TRUST PERFORMS DUE DILIGENCE BY VETTING GRANTEES AND PROJECT

PROPOSALS THROUGH OUR ADVISORY COUNCIL AS WELL AS INDEPENDENT CONSERVATION

SCIENTISTS AND PRACTITIONERS SERVING AS REVIEWERS. WE ALSO CONTACT OTHER

FUNDERS TO REQUEST CONFIDENTIAL EVALUATIONS OF THE GRANTEES' GOVERNANCE,

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

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

NEGATIVE FEEDBACK FROM THE PEER REVIEW AND OTHER FUNDER REVIEW PROCESS

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

13-3500609 Page 2 RAINFOREST TRUST Schedule I (Form 990) Part IV | Supplemental Information DIRECTORS. ONCE THE PROJECT IS APPROVED, WE WORK CLOSELY WITH GRANTEES TO MAKE SURE THE PROJECT IS IMPLEMENTED EFFECTIVELY. THE PROJECT OFFICER CHECKS IN WITH EACH GRANTEE AT LEAST MONTHLY TO CHECK ON PROGRESS AND OFFER ADVICE ON OVERCOMING ANY CHALLENGES. PAYMENTS ARE DISBURSED ON A PREDETERMINED BASIS, CONTINGENT ON SATISFACTORY TECHNICAL PROGRESS AND FINANCIAL REPORTS. PROGRESS REPORTS MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARDS THE CREATION OF A NEW PROTECTED AREA AT A SATISFACTORY PACE. FINANCIAL REPORTS MUST SHOW FUNDS ARE BEING SPENT AS THE ORIGINAL APPROVED BUDGET SPECIFIED. IF THE PROJECT IS NOT PROGRESSING AS IT SHOULD, NO NEW PAYMENTS ARE SENT. ON LONGER TERM PROJECTS A RFT CONSERVATION OFFICER WILL VISIT THE SITE TO VERIFY AND/OR TROUBLESHOOT PROJECT STATUS. ANY PROJECTS THAT INCLUDE A LAND PURCHASE ARE REQUIRED TO PROVIDE A COPY OF THE LAND TITLE. LASTLY, OUR GEOGRAPHIC INFORMATION SYSTEMS SPECIALIST USES SATELLITE DATA TO MONITOR DEFORESTATION IN OUR PROJECT SITES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DIAN FOSSEY GORILLA FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE LAND CONSERVATION TO

PROTECT CRITICALLY ENDANGERED GRAUER'S GORILLAS IN THE DEMOCRATIC

REPUBLIC OF THE CONGO

NAME OF ORGANIZATION OR GOVERNMENT: FRANKFURT ZOOLOGICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LAND CONSERVATION IN THE

PERUVIAN AMAZON AND IN THE BALANGA NATURE RESERVE

NAME OF ORGANIZATION OR GOVERNMENT:

GORILLA REHABILITATION & CONSERVATION EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IN CREATION OF A RESERVE

332291 04-01-23 Schedule I (Form 990)

Part IV Supplemental Information

CONSERVATION CORRIDOR IN THE DEMOCRATCI REPUBLIC OF THE CONGO AND PARTNER

SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL CONSERVATION CAUCUS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IN CREATING NEW AND/OR

EXPANDING EXISTING PROTECTED AND CONSERVED AREAS IN THE GLOBAL TROPICS

NAME OF ORGANIZATION OR GOVERNMENT: NATURE AND CULTURE INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR LAND CONSERVATION IN THE

FORMAL DESIGNATION OF THE CUENCA DEL RIO MAYO NATURAL RESOURCES PROTECTED

AREA AND PARTNER SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PANTHERA CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS 3 PROJECTS IN LAND

CONSERVATION EFFORTS IN MALAYSIA, THAILAND, AND THE REPUBLIC OF THE CONGO

NAME OF ORGANIZATION OR GOVERNMENT: RARE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS 2 PROJECTS IN LAND

CONSERVATION EFFORTS IN BRAZIL AND THE PHILIPPINES

NAME OF ORGANIZATION OR GOVERNMENT: RESOLVE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT IN THE PREVENTING EXTINCTION

FUND PROJECT DEVELOPMENT IN THE HORN OF AFRICA, MIDDLE EAST, AND SOUTH

<u>ASIA</u>

332291 04-01-23

NAME OF ORGANIZATION OR GOVERNMENT: WILDLIFE CONSERVATION SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS 4 PROJECTS IN LAND

52

Schedule I (Form 990) Part IV Supplem	R	AINFOREST	TRUST				13-3	500609 Page 2
Part IV Supplem	iental Inform	lation						
CONSERVATION	EFFORTS	IN LAOS,	INDONESIA,	AND	CUBA	AND	FEASIBILITY	STUDIES
332291							S	chedule I (Form 990)

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest)			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	Z J				
Dena	Department of the Treasury Attach to Form 990.								
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Nam	ne of the organization			identificatio		mber			
		RAINFOREST TRUST	13-3	350060	9				
Ра	rt I Question	s Regarding Compensation							
_					Yes	No			
1a		ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c								
	Travel for com								
		ation and gross-up payments Health or social club dues or initiation fe							
		spending account Personal services (such as maid, chauffe	ur, chet)						
L.	If any of the bayes	on line 1a are checked, did the organization follow a written policy regarding payment or							
b	•			16					
2		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
	trustees, and onice								
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization	c						
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		ompensation consultant X Compensation survey or study							
	X Form 990 of o		committee						
			committee						
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:								
а									
b		eive payment from a supplemental nonqualified retirement plan?		41		X			
с		eive payment from an equity-based compensation arrangement?		4.		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r	evenues of:							
а	The organization?			5a		X			
	Any related organiz					X			
	If "Yes" on line 5a c	or 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the n	et earnings of:				x			
а	a The organization?								
b	Any related organiz	ation?				X			
	If "Yes" on line 6a o	or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he						
				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations section								
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2023			

LHA 332111 11-06-23

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13-3500609

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

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

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

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR. JAMES C. DEUTSCH	(i)	242,832.	0.	0.	7,500.	9,280.	259,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	166,909.	0.	0.	5,007.	1,190.	173,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	138,219.	0.	0.	4,276.	10,231.	152,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	53,887.	0.	89,965.	2,111.	5,072.	151,035.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
((ii)							
	(i)							
((ii)							
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	(i)							
	ii)							
	(i)							
	(ii)							
	(i)							
(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 4A:

VICE PRESIDENT \$76,912

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

3

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

	Inspection					
Employer identification number						
1	3-3500609					

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Name of the organization

RAINFOREST TRUST

1 41									
			(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 de noncash contribu		•	3
1	Art -	Works of art			<u> </u>				
2		Historical treasures							
3		Fractional interests							
4		ks and publications							
5		hing and household goods							
6		s and other vehicles							
7		ts and planes							
8		lectual property							
9		urities - Publicly traded	Х	157	16,908,189.	FMV			
10		urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
12		t interests urities - Miscellaneous							
13		urities - Miscellaneous lified conservation contribution -							
10		- is stand to be							
14		lified conservation contribution - Other							
15		l estate - Residential							
16		l estate - Commercial							
17		l estate - Other							
18		ectibles							
19		d inventory							
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23		Scientific specimens							
24		neological artifacts							
25	Othe								
26	Othe	er ()							
27	Othe								
28	Othe	er ()							
29	Nun	nber of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for v	vhich the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			Vee	
20-		ng the year did the exception reasive by	contributio	n any nean arts can	arted in Dart I lines 1 through	h 00 that it		Yes	No
30a		During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it							
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?								х
h	exempt purposes for the entire holding period?								
ы 31	o If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31								
		Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	cont	tributions?		•	· • ·		32a		x
b	If "Y	es." describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Schedule M (Form 990) 2023 \mathbb{R}	AINFOREST TRUST
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13-3500609 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23		Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-3500609

RAINFOREST TRUST

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

PROGRAM SERVICE ACCOMPLISHMENTS:

FOR SPECIES: RAINFOREST TRUST RESERVES CURRENTLY PROVIDE CRITICAL

HABITAT FOR 31% OF ALL IUCN RED LIST THREATENED TERRESTRIAL MAMMAL

SPECIES AND 37% OF THREATENED TERRESTRIAL BIRDS.

FOR CLIMATE: RAINFOREST TRUST PROJECTS HAVE PERMANENTLY LOCKED UP 7.4

BILLION METRIC TONS OF CO2 EQUIVALENT, MORE THAN A YEAR'S WORTH OF US

GREENHOUSE GAS EMISSIONS.

FOR PEOPLE: APPROXIMATELY 65% OF ACRES PROTECTED OR CONSERVED WITH RAINFOREST TRUST FUNDING HAVE SUPPORTED THE RECOGNITION OF THE RIGHTS, GOVERNANCE CAPACITY AND/OR TERRITORIAL MANAGEMENT BY INDIGENOUS OR LOCAL COMMUNITIES, INCLUDING THROUGH SECURING LAND TENURE AND RESOURCE RIGHTS, AND RAINFOREST TRUST PROJECTS HAVE PROVIDED JOBS, LIVELIHOOD BENEFITS, AND THE SAFEGUARDING OF ECOSYSTEM SERVICES SUCH AS FRESH WATER TO MILLIONS OF PEOPLE. IN 2023, RAINFOREST TRUST AGREED NEW PROJECTS TOTALING OVER \$46 MILLION AND PROTECTED OVER 1.5 MILLION ACRES OF HABITAT.

 FORM 990, PART VI, SECTION A, LINE 4:

 BY-LAWS WERE REVISED TO: PROVIDE FLEXIBILITY TO THE BOARD TO DETERMINE THE

 NUMBER OF MEMBERS, CLEARLY ALLOW VIDEO PARTICIPATION/VOTING, ALLOW A

 DESIGNATED COMMITTEE (A&F) TO SELECT AUDITORS, REMOVE THE REQUIREMENT THAT

 THE BOARD REVIEW ALL GRANT REQUESTS, UPDATE EXPECTATIONS AND REQUIREMENTS

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

Name of the organization

RAINFOREST TRUST

Employer identification number 13 - 3500609

FOR COMMITTEES, AND CHANGE OUR FISCAL YEAR.

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

THE BOARD RECEIVES THE FORM 990 FOR REVIEW BEFORE IT IS FILED.

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

THE BOARD IS ASKED REGULARLY TO DISCLOSE TO THE OTHERS ON THE BOARD THEIR

BUSINESS AND PERSONAL INTEREST TO DETERMINE IF THERE ARE ANY CONFLICTS.

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

THE COMPENSATION PROCESS FOR THE CHIEF EXECUTIVE OFFICER IS DETERMINED BY THE BOARD OF DIRECTORS AFTER CONSIDERING THE RECOMMENDATION OF THE COMPENSATION COMMITTEE. ANNUALLY, THE COMMITTEE REVIEWS THE PERFORMANCE OF THE CEO, RELEVANT ECONOMIC CONDITIONS, AND COMPENSATION DATA AS AVAILABLE FROM REPUTABLE SOURCES (SUCH AS FORMS 990, GUIDESTAR, AND OTHER NON-PROFIT SURVEY DATA). THE CEO, IN COLLABORATION WITH THE HUMAN RESOURCES TEAM, DETERMINES COMPENSATION FOR OTHER KEY EMPLOYEES OF THE ORGANIZATION AFTER CONSIDERING SIMILAR CRITERIA INCLUDING PERFORMANCE, ECONOMIC CONDITIONS, AND MARKET DATA FROM REPUTABLE SOURCES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,FL,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NC,NM,NY,OR,PA,RI,SC TN,UT,VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON OTHER WEBSITES AS WELL AS OUR

OWN WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

332212 11-14-23

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Schedule O (Form 990) 2023

THE ORGANIZATION PUBLISHES ITS BY-LAWS, FINANCIAL STATEMENTS AND FORM 990S

ON ITS WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990. PART XII, LINE 2C.

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Schedule O (Form 990) 2023

332212 11-14-23