** Public Disclosure Copy**

CHANGE OF ACCOUNTING PERIOD

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JAN 1, 2024 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change RAINFOREST TRUST Name change 13-3500609 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 6801 KENNEDY RD SUITE 100B 800-456-4930 20,691,985. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WARRENTON, VA 20187 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DR . JAMES C . for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.RAINFORESTTRUST.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other Year of formation: 1989 **M** State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: RAINFOREST TRUST SAVES **Activities & Governance** ENDANGERED WILDLIFE AND OUR PLANET BY CREATING PROTECTED RESERVES. if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 41,407,870. 15,658,699. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 4,042,546. 2.843.571. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,090. 11 45,453,506. 18,502,312 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 28,384,795. 14,467,251 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,884,504. 2,134,303. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,885,998. 1,005,013. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 34,155,297. 17,606,567. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,298,209. 895,745. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 121,913,145. 122,718,026. Total assets (Part X, line 16) 297,630. 398,257 21 Total liabilities (Part X, line 26) 三年 615,515. 319,769 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 400) Stop 5/13/2025 Signature of officer Sign JAMES C. DEUTSCH, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01246734 JILL M. BOYLE, CPA JILL M. BOYLE, Paid self-employed Firm's name SIKICH LLC Firm's EIN 36-3168081 Preparer Firm's address 333 JOHN CARLYLE STREET, Use Only Phone no. (703) 836-1350

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

ALEXANDRIA, VA 22314

Form	1990 (2023) RAINFOREST TRUST 13-3500609 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: RAINFOREST TRUST SAVES ENDANGERED WILDLIFE AND PROTECTS OUR PLANET BY
	CREATING RAINFOREST RESERVES THROUGH PARTNERSHIPS, COMMUNITY
	ENGAGEMENT AND DONOR SUPPORT.
	ENGAGEMENT AND DONOR SUFFORT.
_	The state of the s
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	16 014 415 14 467 051
40	WORLD LAND AND NATURE CONSERVATION: SINCE 1988, RAINFOREST TRUST
	HAS CONSERVED AREAS IN THE TROPICS AND SUBTROPICS THROUGH PARTNERSHIPS
	WITH LOCAL ORGANIZATIONS WHICH YIELD 1) GOVERNMENT DESIGNATION OF NEW
	PROTECTED AREAS, 2) THE PURCHASE OF LAND FOR PRIVATE NATURE RESERVES,
	OR 3) STRENGTHENING LAND-TENURE AND GUARDIANSHIP OF INDIGENOUS PEOPLE
	AND LOCAL COMMUNITIES. BY PERMANENTLY PROTECTING CRITICAL HABITAT. THIS
	WORK SAVES SPECIES AND VITAL ECOSYSTEMS FROM EXTINCTION.
	PROGRAM SERVICE ACCOMPLISHMENTS:
	RAINFOREST TRUST RESERVES CURRENTLY PROVIDE CRITICAL
	HABITAT FOR 39% OF ALL IUCN RED LIST THREATENED TERRESTRIAL MAMMAL
	SPECIES AND 46% OF THREATENED TERRESTRIAL BIRDS. WE HAVE PERMANENTLY
41.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 16,014,415.

18250512 765826 3273265.300

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	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			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		\vdash
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	<u> </u>
15		4.5	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	\vdash
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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		<u> X</u>
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		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

	990 (2023) RAINFOREST TRUST 13-350	0609	Р	age 4
Pai	T IV Checklist of Required Schedules (continued)		I	T
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		Х
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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		77	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29	Х	├──
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1,7
	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	. <u>35a</u>		
b	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?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		
٠.	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?	.		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	1990 (2023) RAINFOREST TRUST 13-35	000609	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		Х
b				Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	- · · · · · · · · · · · · · · · · · · ·			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	yor? 7a		Х
a				1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	,			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	441		
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		Х
	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		х
	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		
	1.55.5 1.55415 III 110 III position of an excess tax direct econori 4001, 4002 of 4000:	<u>_''</u>		-

332005 12-21-23

If "Yes," complete Form 6069.

RAINFOREST TRUST 13-3500609 Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

exempt status with respect to such arrangements?

- 17 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, KY, ME, MD
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 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)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION -800-456-4930

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

6801 KENNEDY RD SUITE 100B, WARRENTON, VA 20187

Form **990** (2023)

16b

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMES DEUTSCH	40.00	1								
CHIEF EXECUTIVE OFFICER	1000			Х				0.	0.	0.
(2) MELISSA HOHIMER	40.00	1								
CHIEF FINANCE OFFICER				Х				0.	0.	0.
(3) DR. ERIC VEACH	2.00	ļ								
CHARIMAN (UNTIL 06/24)		Х		Х				0.	0.	0.
(4) DR. BERNIE TERSHY	2.00	l								
CHARIMAN (AS OF 06/24)		Х		Х				0.	0.	0.
(5) DR. CULLEN GEISELMAN	2.00	ļ		l						
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(6) PATRICIA KOVAL	2.00								•	•
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) SARAH GILLMAN	2.00								•	•
TREASURER	2 00	Х		Х				0.	0.	0.
(8) JOHN MITCHELL	2.00	-		,,					0	0
CHAIR OF THE COUNCIL (UNTIL 06/24)	1 2 00			Х				0.	0.	0.
(9) GEOFFREY CHEN	2.00	.,							_	0
DIRECTOR	2 00	Х						0.	0.	0.
(10) ERIC GOODE	2.00	.,						0.	_	0
DIRECTOR (11) KIM STEWART	2 00	Х						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(12) ANN KAUPP	2.00	Α						0.	0.	<u> </u>
DIRECTOR	2.00	х						0.	0.	0.
(13) DR. ROBERT S. RIDGELY	2.00	Α						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(14) DAVID QUAMMEN	2.00	^						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(15) JEFFREY ZACK	2.00	- 22						0.	0.	<u></u>
DIRECTOR (AS OF 06/24)	2.00	Х						0.	0.	0.
(16) KIM LUNDGREN	2.00								<u> </u>	<u> </u>
DIRECTOR (AS OF 06/24)	2.00	Х						0.	0.	0.
(17) SALLY DAVIDSON	2.00								<u> </u>	<u> </u>
DIRECTOR (UNTIL 06/24)		Х						0.	0.	0.
	1			l	L				J •	Form 990 (2022)

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Form **990** (2023)

Form 990 (2023) RAINFORES	ST TRUST	1							13-350	0609	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es,	and	ΙHiς	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	office of soot	not ch cer and trustee	ss per	ition more son is irecto	than c s both	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estii amo of compe fror orgar and i	mated unt of ther ensation the nization related izations
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization	I, Section A				· · · · · · ·			0 • 0 • 0 • ceived more than \$100,	0 0 0 000 of reportable		0. 0. 0.
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest con 	uch individual im of reportable 0,000? If "Yes, accrue compen	e co " <i>coi</i> satio	mpe mple on fr	ensatete Som a	tion Sche any perso	and edule unre	oth J fo	er compensation from the compensation from the compensation from the compensation or individual end or individual compensation from the compensation from	ne organization lual for services	3 4 5	X X X
the organization. Report compensation for t (A) Name and business	the calendar ye	ear e		ıg wi					ear.	(C) Compens	
Total number of independent contractors (in \$100,000 of compensation from the organization).	· ·	ot lin	nited	I to t	thos 0		ted	above) who received mo	ore than	Eauer Of	90 (2023)

332008 12-21-23

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	-	Foderated compaigns					
nts Ints		a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
is,		Fundraising events					
a Gif		d Related organizations 1d					
is,		e Government grants (contributions)					
ion	1	All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	15,658,699.				
ΞÓ		Noncash contributions included in lines 1a-1f 1g \$	2,143,719.				
Sol		n Total. Add lines 1a-1f		15,658,699.			
			Business Code				
Φ.	2	<u>,</u>					
Š							
er ue							
n S		:					
an Be							
Program Service Revenue		·					
۵		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)		2,851,440.			2851440.
	4	Income from investment of tax-exempt bond pro	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	. ,				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(ii) Other				
	/		(II) Other				
		assets other than inventory 7a 2,181,804.					
		Less: cost or other basis					
ne		and sales expenses 7b 2,189,673.					
Ver		Gain or (loss) 7c -7,869.					
ther Revenue		d Net gain or (loss)		-7,869.			-7,869.
Jer	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
		Not in a constant for a formal size a constant					
		Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
	10	• • • • • • • • • • • • • • • • • • • •					
		and allowances 10a					
		Less: cost of goods sold 10b					
-		Net income or (loss) from sales of inventory					
S		<u> </u>	Business Code				
on e	11	OTHER	900099	42.			42.
Miscellaneous Revenue	- 1	·					
eve		·					
lisc B		d All other revenue					
2		Total. Add lines 11a-11d		42.			
	12	Total revenue. See instructions		18,502,312.	0.	0.	2843613.

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Form **990** (2023)

Form 990 (2023) RAINFOREST TRUST Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othi	er organizations must con	nolete column (A)	
Secu	Check if Schedule O contains a respor			ipiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,846,063.	3,846,063.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,621,188.	10,621,188.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	021 056	00 004	100 005	40 565
	trustees, and key employees	231,076.	80,234.	102,075.	48,767.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 602 505	017 100	214 262	470 120
7	Other salaries and wages	1,603,585.	817,192.	314,263.	472,130.
8	Pension plan accruals and contributions (include	22 050	17 140	6 000	0 007
_	section 401(k) and 403(b) employer contributions)	33,052. 125,464.		6,023.	9,887. 35,463.
9	Other employee benefits	141 126	61,580.		35,463.
10	Payroll taxes	141,126.	69,116.	31,917.	40,093.
11	Fees for services (nonemployees):				
	Management	13,699.	8,907.	2,544.	2,248.
	Legal	21,000.	0,907.	21,000.	2,240.
	Accounting	21,000.		21,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	42,301.		42,301.	
f	Investment management fees	42,301.		42,301.	
g	Other. (If line 11g amount exceeds 10% of line 25,	321,969.	224,300.	41,060.	56,609.
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	156,578.		41,000	122,186.
13	Office expenses	114,406.		23,865.	26,942.
14	Information technology	107,230.	29,807.	24,690.	52,733.
15	Royalties	101/2300	23,007.	21/0301	3277331
16	Occupancy	11,080.	5,824.	2,094.	3,162.
17	Travel	171,548.	111,313.	19,729.	40,506.
18	Payments of travel or entertainment expenses				20,000
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,590.	17,129.	6,159.	9,302.
23	Insurance	12,612.	6,629.	2,384.	3,599.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)			·	<u>, , , , , , , , , , , , , , , , , , , </u>
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	17,606,567.	16,014,415.	668,525.	923,627.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,239,667.	1	2,227,502.
	2	Savings and temporary cash investments			33,283,520.	2	30,487,431.
	3	Pledges and grants receivable, net			3,775,180.	3	3,945,643
	4	Accounts receivable, net				4	626,717
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	fied per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			254.	7	254
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			186,222.	9	200,627
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	294,040.			101
	b	Less: accumulated depreciation		159,740.	133,249.	10c	134,300
	11	Investments - publicly traded securities			80,290,237.	11	85,092,989
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			4 016	14	0.560
	15	Other assets. See Part IV, line 11			4,816.	15	2,563
	16	Total assets. Add lines 1 through 15 (must equ			121,913,145.	16	122,718,026
	17	Accounts payable and accrued expenses			293,915.	17	396,768.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs				00	
Lia	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on line	,				
			-	·	3,715.	25	1,489.
	26	of Schedule D Total liabilities. Add lines 17 through 25			297,630.	26	398,257
	20	Organizations that follow FASB ASC 958, che			237,70000	20	3307237
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			10,131,611.	27	11,881,886.
Bala	28	Net assets with donor restrictions			111,483,904.	28	110,437,883.
힏		Organizations that do not follow FASB ASC 9					
ΡĪ		and complete lines 29 through 33.	,				
ğ	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
ا <u>و</u>	32	Total net assets or fund balances			121,615,515.	32	122,319,769.
-	33	Total liabilities and net assets/fund balances			121,913,145.	33	122,718,026.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,			
3	Revenue less expenses. Subtract line 2 from line 1	3			5,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	121,			
5	Net unrealized gains (losses) on investments	5		<u> 19</u> :	1,4	<u>91.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	122,	319	9,7	69.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	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?		L	2b	X	
	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					
С	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?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
			F	orm	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Employer identification number

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

Open to Public Inspection

OMB No. 1545-0047

RAINFOREST TRUST 13-3500609 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
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.")	26677229.	70056206.	40281791.	41407870.	<u> 15660699.</u>	194083795
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	26677229.	70056206.	40281791.	41407870.	15660699.	194083795
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)						72552345.
6	Public support. Subtract line 5 from line 4.						121531450
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	26677229.	70056206.	40281791.	41407870.	<u> 15660699.</u>	194083795
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	790,409.	317,725.	1001995.	3985029.	2851440.	8946598.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		2,224.	272.	3,090.	42.	5,628.
11	Total support. Add lines 7 through 10						203036021
12	Gross receipts from related activities	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2023 (line 6, column (f), d	ivided by line 11,	column (f))		14	59.86 <u>%</u>
15	Public support percentage from 2022	2 Schedule A, Part	II, line 14			15	62.09 <u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	n qualifies as a pu	iblicly supported o	organization		
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2023

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.)

Se	ction 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.")						
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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u>
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	_		
	4a		
	Al-		
	4b		
	4c		
	40		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ol-		
	9b		
	90		
	9с		
	10a		
	150		
	10b		
_	A /Farm	~ 000	2002

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(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,			
<u> </u>	super	vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sact	the su	upported organization(s). D. All Type III Supporting Organizations	1		
Jeci	.1011 L	b. All Type III Supporting Organizations		\ \ \ \ \ \	·
	D: 41 TIP			Yes	No
		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sect	ion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а		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 entity (see installation)	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	Δ-		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	יום נו	to organization exercise a substantial degree of direction ever the policies, programs, and activities of each			

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on 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	on 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

e Excess from 2023

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:
MISCELLANEOUS
2020 AMOUNT: \$ 2,224.
2021 AMOUNT: \$ 272.
2022 AMOUNT: \$ 3,090.
2023 AMOUNT: \$ 42.
PART II COLUMN E
SHORT YEAR DUE TO CHANGE IN YEAR END

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

RAINFOREST TRUST

Employer identification number 13-3500609

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds 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		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	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	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic 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						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Si			(continu		ge Z
3	Using the organization's acquisition, accession							Contint	<i>100)</i>	
_	collection items (check all that apply).	5.,, aa 55 555. a 5	,		o.g					
а	Public exhibition	d	I oan or excl	hange program						
b	Scholarly research	e	Other	nango program						
c	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt	nurnos	se in Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		Ü			,	,	,		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	ot incl	uded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
					[Amount		
С	Beginning balance				[1c				
d	Additions during the year				- 1	1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo						\square	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	+		ears back			
	Beginning of year balance	552,964.	581,832.	1,915,080		1,7	09,466.	1,	337,4	
b	Contributions		25,000.	1,361			4,085.		35,4	
С	Net investment earnings, gains, and losses	7,644.	55,912.	-355,429	•	2	01,529.		336,6	502.
d	Grants or scholarships				_					
е	Other expenditures for facilities									
	and programs		109,780.	979,180	•					
f	Administrative expenses				_					
g	End of year balance	560,609.	552,964.	581,832	•	1,9	15,080.	1,	709,4	166.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment .0000	%								
С	Term endowment 100									
	The percentages on lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for	the			Г	V T	NI-
	organization by:								Yes	No
								3a(i)	\dashv	X
								3a(ii)	\dashv	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizar							3b		
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.							
ı aı	Complete if the organization answered		Part IV line 11a S	ee Form 000 Part '	Y line	10				
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>				(d) Deel		
	Description of property	(a) Cost or ot basis (investm		' '		mulate ciation	ea	(d) Book	value	
10	Land	'	Dadis ((23.101)						
	Land									
	Buildings									
			29	4,040.	15	9,74	10.	134	, 30	00.
	Equipment Other		27	_,		- , , ,			, 50	•
	Add lines to through to (O.) (A)		() ()	(D))				134	3 (0

Schedule D (Form 990) 2023 RAINFOREST	TRUST	13	-3500609 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	1		l afora a construction loss
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	_		
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	Faura 000 David IV/ line	11d Con Faura 000 Part V line 15	
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Part X, line 15.	(b) Book value
. , ,	Description		(b) Book value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY FOR FINANCE	CING		
(3) LEASE			1,489.
(4)			
(5)			
(6)			1

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

1,489.

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

(7) (8)

2e

-189,491.

42,301.

18,460,011.

18,502,312.

RAINFOREST TRUST 13-3500609 Page 4 Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 18,270,520. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -191,491 a Net unrealized gains (losses) on investments 2,000. Donated services and use of facilities Recoveries of prior year grants 2c

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 17,566,266. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2,000. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) 2,000. Add lines 2a through 2d 2e 17,564,266. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 42.301 a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 42,301. 4c c Add lines 4a and 4b 17,606,567. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)

Part XIII Supplemental Information

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

c Add lines 4a and 4b

Subtract line 2e from line 1

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Add lines 2a through 2d

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 XI, 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

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Open to Public

Employer identification number

Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

RAINFOREST TRUST 13-3500609 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region LAND CONSERVATION AND CONSERVATION PROGRAM CENTRAL AMERICA AND CONSERVATION PROGRAM THE CARRIBEAN SERVICES MANAGEMENT 16,720. LAND CONSERVATION AND EAST ASIA & THE CONSERVATION PROGRAM CONSERVATION PROGRAM 2590227. PACIFIC SERVICES MANAGEMENT 1 LAND CONSERVATION AND CONSERVATION PROGRAM CONSERVATION PROGRAM 0 SERVICES MANAGEMENT 170,000. EUROPE LAND CONSERVATION AND CONSERVATION PROGRAM CONSERVATION PROGRAM SERVICES MANAGEMENT NORTH AMERICA 1 120,993. LAND CONSERVATION AND CONSERVATION PROGRAM CONSERVATION PROGRAM 3782230. SOUTH AMERICA 2 SERVICES MANAGEMENT LAND CONSERVATION AND CONSERVATION PROGRAM CONSERVATION PROGRAM SOUTH ASIA 0 SERVICES MANAGEMENT 75,467. AND CONSERVATION AND CONSERVATION PROGRAM CONSERVATION PROGRAM SUB-SAHARAN AFRICA 3 SERVICES MANAGEMENT 4142491. 0 9 10898128 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I Totals (add lines 3a 10898128 and 3b)

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	87,974.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
			PROGRAM SUPPORT	139,116.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	25,000.	WIRE	0.		DISBURSED
				20,000.				
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	180,981.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	658,763.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	93,215.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
			PROGRAM SUPPORT	240,622.	 WIRE	0.		DISBURSED
				,				
		EAST ASIA AND THE	DDOGDAN GUDDOD	16 110				ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	16,110.		0.		DISBURSED

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

76

3 Enter total number of other organizations or entities

Part II Continuat	tion of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organiza	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	10,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	214,874.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	16,200.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	15,034.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	205,250.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	58,105.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	15,950.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	11,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	193,625.	WIRE	0.		DISBURSED

Part II Continuation o	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	17,000.	WIRE	0.		DISBURSED
		EAST ASIA AND THE						ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	171,096.	WIRE	0.		DISBURSED
		EAST ASIA AND THE		60.250				ACTUAL AMOUNT
		PACIFIC	PROGRAM SUPPORT	60,370.	WIRE	0.		DISBURSED
		EAST ASIA AND THE PACIFIC	PROGRAM SUPPORT	95,774.	WIRE	0.		ACTUAL AMOUNT DISBURSED
				22,772				
								ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	150,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		EUROPE	PROGRAM SUPPORT	20,000.	WIRE	0.		DISBURSED
								ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	35,062.	WIRE	0.		DISBURSED
		NODELL MEDICA	DDOGDAM GUDDODE	16 202	WID I			ACTUAL AMOUNT
		NORTH AMERICA	PROGRAM SUPPORT	16,202.	MTKE	0.		DISBURSED
		NORTH AMERICA	PROGRAM SUPPORT	27,629.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	r ugo z		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				50,000				ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	52,820.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	45,713.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	62,560.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	366,884.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	152,355.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	594,708.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	282,028.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	151,700.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	78,011.	WIRE	0.		ACTUAL AMOUNT

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH AMERICA	PROGRAM SUPPORT	161,400.	WIRE	0.		ACTUAL AMOUNT
		BOOTH AMERICA	INGGREE BOITORI	101,400.	WIND	· ·		DIGEORGIE
		SOUTH AMERICA	PROGRAM SUPPORT	102,308.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	137,200.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	361,175.		0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	43,121.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	136,071.		0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	100,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	122,355.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	218,374.	WIRE	0.		ACTUAL AMOUNT DISBURSED

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
								ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	167,858.	WIRE	0.		DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	62,250.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	154,181.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	41,641.		0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	53,343.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH AMERICA	PROGRAM SUPPORT	6,449.	WIRE	0.		ACTUAL AMOUNT
		SOUTH AMERICA	PROGRAM SUPPORT	48,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SOUTH ASIA	PROGRAM SUPPORT	41,685.	WIRE	0.		ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	7,454.	WIRE	0.		ACTUAL AMOUNT DISBURSED

scriedule F (FOITH 990)	141111	OKEDI IKODI			10 00	00005		raye
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
	and Env (ii applicable)		grant	or odorr grant	Cash disparsement	assistance	assistance	appraisal, other)
		GOLIMII 3 GT 3	DDOGDAM GUDDODM	26 220	MIDE			ACTUAL AMOUNT
		SOUTH ASIA	PROGRAM SUPPORT	26,328.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	252,044.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	711,547.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	30,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	27,700.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	36,144.	WIRE	0.		DISBURSED
				,				
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	114,283.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	117,993.	 WIRE	0.		DISBURSED
				,				
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	8,146.	WIRE	0.		DISBURSED

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	43,980.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
			PROGRAM SUPPORT	104,038.	WIRE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	146,738.	WIDE	0.		ACTUAL AMOUNT DISBURSED
		AFRICA	PROGRAM BUTTORT	140,750.	WIKE	0.		DISBORSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	65,640.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	125,306.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
			PROGRAM SUPPORT	652,825.	WIRE	0.		DISBURSED
				,				
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	04 757	MIDE	0.		ACTUAL AMOUNT DISBURSED
		AFRICA	PROGRAM SUPPORT	94,757.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	221,585.	WIRE	0.		DISBURSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	113,390.	WIRE	0.		DISBURSED

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	125,000.	WIRE	0.		DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	10,000.	WIRE	0.		ACTUAL AMOUNT DISBURSED
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	52,550.	WIRE	0.		ACTUAL AMOUNT DISBURSED
			I ROGILINI BOTTONI	32,330.	, , , , , , , , , , , , , , , , , , ,	· ·		DISSONSES.
		SUB-SAHARAN AFRICA	PROGRAM SUPPORT	92,064.	MIDE	0.		ACTUAL AMOUNT
		AFRICA	ROGRAM BUTTORT	32,004.	WIKE	0.		DISBORSED
		SUB-SAHARAN						ACTUAL AMOUNT
		AFRICA	PROGRAM SUPPORT	922,534.	MIKE	0.		DISBURSED

Part III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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

Schedule F (Form 990) 2023

Page 5

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

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

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 INVESTIGATE THE PROSPECTIVE GRANTEE, INCLUDING REVIEWING THE ORGANIZATION'S WEBSITE AND MISSION AND VISION STATEMENTS, TO ENSURE THAT THEY 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, IF APPLICABLE. ADDITIONALLY, WE REQUEST THE NAMES OF THREE PROFESSIONAL REFERENCES AND MAJOR FINANCIAL SUPPORTERS 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 RELEVANT TOPICS. 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 APPROVED BUDGET. TECHNICAL PROGRESS REPORTS MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARD THE ESTABLISHMENT OF A PROTECTED OR CONSERVED AREA AT A SATISFACTORY PACE BEFORE ADDITIONAL TRANCHES OF FUNDING ARE RELEASED.

Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
RAINFOREST							13-3500609
Part I General Information on Grants ar							
Does the organization maintain records to		-			-		
criteria used to award the grants or assist	tance?		. 6 de la de la Ladra d	01-1			X Yes No
2 Describe in Part IV the organization's pro					vanization analyses d "\	/aall an Farm 000 Dark	: IV line O1 for any
recipient that received more than \$	•				ariization ariswered	res on Form 990, Pari	. IV, III le 2 I, IOI ally
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) Liiv	(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
AFRICAN PARKS FOUNDATION OF							IN SUPPORT OF
AMERICA - 21 WEST 46TH STREET -					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
NEW YORK, NY 10036	30-0241904	501(C)3	337,848.	0.	DISBURSED		SOUTH SUDAN
							IN SUPPORT OF
DIAN FOSSEY GORILLA FUND							CONSERVATION EFFORTS IN
800 CHEROKEE AVE SE					ACTUAL AMOUNT		THE DEMOCRATIC REPUBLIC
ATLANTA, GA 30315	52-1118866	501(C)3	118,243.	0.	DISBURSED		OF THE CONGO
FRANKFURT ZOOLOGICAL SOCIETY							IN SUPPORT OF
3810 ARGYLE TERRACE NW					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
WASHINGTON, DC 20011	30-0457102	501(C)3	234,174.	0	DISBURSED		PERU
	00 010/202	001(0)0					IN SUPPORT OF
GORILLA REHABILITATION AND							CONSERVATION EFFORTS IN
CONSERVATION EDUCATION CENTER - PO					ACTUAL AMOUNT		THE DEMOCRATIC REPUBLIC
BOX 504 - NIWOT, CO 80544	46-2308758	501(C)3	222,099.	0.	DISBURSED		OF THE CONGO
INTERNATIONAL CONSERVATION CAUCUS							
FOUNDATION - 1200 POTOMAC STREET							IN SUPPORT OF
NW					ACTUAL AMOUNT		CONSERVATION EFFORTS IN
- WASHINGTON, DC 20007	83-0449176	501(C)3	15,000.	0	DISBURSED		PAPUA NEW GUINEA
	55 5115176	552(5)5	13,300.		2220110110		IN SUPPORT OF CAPACITY
KTK-BELT, INC.							BUILDING AND LAND
51 LARCH DR Ø					ACTUAL AMOUNT		PROTECTION EFFORTS IN
HYDE PARK, NY 11040	47-2166334	501(C)3	372,126.	n	DISBURSED		NEPAL
2 Enter total number of section 501(c)(3) ar		1		<u> </u>		1	13.

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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
NATURA BOLIVIA FOUNDATION 10685 HAZELHURST DR STE B PMP 23792 HOUSTON, TX 77043	45-3337460	501(c)3	244,280.	0.	ACTUAL AMOUNT DISBURSED		IN SUPPORT OF CONSERVATION EFFORTS IN BOLIVIA
NATURE AND CULTURE INTERNATIONAL 1400 MAIDEN LANE DEL MAR, CA 92014	33-0773524	501(C)3	685,383.	0.	ACTUAL AMOUNT		IN SUPPORT OF CONSERVATION EFFORTS IN SOUTH AMERICA
PANTHERA CORPORATION 8 WEST 40TH STREET, 18TH FLOOR NEW YORK, NY 10018	20-4668756	501(c)3	343,525.	0.	ACTUAL AMOUNT DISBURSED		IN SUPPORT OF CONSERVATION EFFORTS IN MALAYSIA
RARE 1310 N. COURTHOUSE ROAD STE 110 ARLINGTON, VA 22201	23-7380563	501(C)3	810,085.	0.	ACTUAL AMOUNT DISBURSED		IN SUPPORT OF CONSERVATION EFFORTS IN BRAZIL AND THE PHILIPPINES
RE:WILD PO BOX 1290 AUSTIN, TX 78767	26-2887967	501(C)3	42,308.	0.	ACTUAL AMOUNT		IN SUPPORT OF CONSERVATION EFFORTS IN SOMALILAND
WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD Ø BRONX, NY 10460	13-1740011	501(C)3	416,374.	0.	ACTUAL AMOUNT DISBURSED		IN SUPPORT OF CONSERVATION EFFORTS IN TANZANIA, CUBA, LAOS, NIGERIA, MADAGASCAR, AND

Schedule I (Form 990) 2023 RAINFOREST TRUS	T				13-3500609	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
RAINFOREST TRUST PERFORMS DUE DILIC	GENCE BY	VETTING GF	RANTEES AND	PROJECT		
PROPOSALS THROUGH OUR ADVISORY COUN	NCIL AS W	ELL AS INI	DEPENDENT C	ONSERVATION		
SCIENTISTS AND PRACTITIONERS SERVIN	NG AS REV	TIEWERS. WE	E ALSO CONT.	ACT OTHER		
FUNDERS TO REQUEST CONFIDENTIAL EVA	ALUATIONS	OF THE GF	RANTEES' GO	VERNANCE,		
INSTITUTIONAL STABILITY, ABILITY TO) EXECUTE	THE PROJE	ECT, AND AB	ILITY TO		
MANAGE THE GRANT. ONCE THE PROJECT	IS APPRO	VED, WE WO	ORK CLOSELY	WITH		
GRANTEES TO MAKE SURE THE PROJECT	IS IMPLEM	ENTED EFFE	ECTIVELY. T	HE PROJECT		
OFFICER CHECKS IN WITH EACH GRANTE	E TO MONI	TOR PROGRE	ESS AND OFF	ER ADVICE ON		

Part IV | Supplemental Information OVERCOMING ANY CHALLENGES. PAYMENTS ARE DISBURSED ON A PREDETERMINED BASIS, CONTINGENT ON SATISFACTORY TECHNICAL PROGRESS AND FINANCIAL REPORTS AND THE COMPLETION OF PROJECT MILESTONES, AS APPLICABLE. PROGRESS REPORTS MUST DEMONSTRATE THAT THE PROJECT IS ADVANCING TOWARDS THE CREATION OF A NEW PROTECTED AREA AT A SATISFACTORY PACE AND FINANCIAL REPORTS MUST SHOW FUNDS ARE BEING SPENT AS SPECIFIED IN THE APPROVED BUDGET. IF NECESSARY, A RAINFOREST TRUST TEAM MEMBER WILL VISIT THE SITE TO ASSESSAND/OR TROUBLESHOOT CHALLENGES THAT AFFECT THE PROJECT. LASTLY, OUR GEOGRAPHIC INFORMATION SYSTEMS SPECIALIST USES SATELLITE DATA TO MONITOR DEFORESTATION WITHIN PROJECT SITES. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: WILDLIFE CONSERVATION SOCIETY (H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF CONSERVATION EFFORTS IN TANZANIA, CUBA, LAOS, NIGERIA, MADAGASCAR, AND THE SOLOMAN ISLANDS

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

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

Inspection Employer identification number

RAINFOREST TRUST

13-3500609 Part I Questions Regarding Compensation

	account regarding compensation			
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes	No
la	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradices, and emocis, molecumy the electric birector, regulating the terms emocical eminional.	_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ŭ	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_	37	
	Receive a severance payment or change-of-control payment?	4a	Х	77
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	· · · · · · · · · · · · · · · · · · ·			

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

Schedule J (Form 990) 2023

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	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(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	
	(i)								
	ii)								
	(i)								
	ii)								
	(i)								
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Page 2

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number 13-3500609

	RAINFOREST TRUST 13-3								
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d Method of c oncash contrib	determin	_	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	21	2,143,719.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·		:hat it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	-	•	•	ions?		31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

RAINFOREST TRUST

Employer identification number 13-3500609

THIS FORM 990 IS BEING FILED FOR A SHORT TAX YEAR COVERING JANUARY 1,

2024 - JUNE 30, 2024 IN ORDER TO CHANGE OUR FISCAL YEAR END FROM

DECEMBER 31ST TO JUNE 30TH. THIS CHANGE WILL IMPROVE OPERATIONAL

EFFICIENCY, STREAMLINE PLANNING CYCLES, AND ENHANCE THE QUALITY OF OUR

REPORTING. FUTURE FILINGS WILL REFLECT A FULL FISCAL YEAR BEGINNING

JULY 1ST AND ENDING JUNE 30TH. READERS OF THIS FORM SHOULD KEEP THIS IN

MIND WHEN MAKING YEAR-OVER-YEAR COMPARISONS.

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

AND LEGALLY PROTECTED MORE THAN 55 MILLION ACRES OF CRITICAL HABITAT.

MORE THAN 97% OF OUR PROJECTS SUCCEED IN PROTECTING LAND, AND 99% OF

THE FORESTS WE HAVE PROTECTED REMAIN STANDING.

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 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:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

RAINFOREST TRUST

Employer identification number 13-3500609

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.

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

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

Name of the organization	Employer identification number 13-3500609
RAINFOREST TRUST	13-3500609