

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization RAINFOREST ALLIANCE, INC.				<b>D</b> Employer identification number 13-3377893	
	Doing Business As				<b>E</b> Telephone number (212) 677-1900	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	125 BROAD STREET, 9TH FLOOR					
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10004						<b>G</b> Gross receipts \$ 53,602,062.
<b>F</b> Name and address of principal officer: ALIK HINCKSON 125 BROAD STREET, 9TH FLOOR, NEW YORK, NY 10004						<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ WWW.RAINFOREST-ALLIANCE.ORG				<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1987		<b>M</b> State of legal domicile: NY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: RA WORKS AT THE INTERSECTION OF BUSINESS, AGRICULTURE & FORESTS TO IMPROVE LIVES & PROTECT NATURE BY TRANSFORMING HOW LAND IS USED, PRODUCTION OF GOODS & CONSUMER CHOICES.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b>	19.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b>	19.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)		<b>5</b>	124.
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b>	14.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>COPY FOR PUBLIC INSPECTION</b>	25,668,163.	30,390,804.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,480,855.	21,116,395.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		555,858.	716,483.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
			46,704,876.	52,223,682.
	3,534,637.		3,428,698.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		17,609,772.	19,867,989.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		378,146.	331,083.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,824,815.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,162,370.	11,460,908.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,684,925.	35,088,678.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		12,019,951.	17,135,004.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)		34,755,185.	57,411,025.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		8,317,405.	12,704,690.
		26,437,780.	44,706,335.	

## 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.

<b>Sign Here</b>	▶ Signature of officer		11/19/2021		
	ALIK HINCKSON		Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD L RUVELSON	RICHARD L RUVELSON	11/19/2021		P00234075
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Phone no. 301-272-6000	
Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814-3423					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 17,511,025. including grants of \$ 3,116,069. ) (Revenue \$ 992,925. )

LANDSCAPES AND COMMUNITIES (SEE SCHEDULE O)

**4b** (Code: ) (Expenses \$ 7,782,962. including grants of \$ 312,629. ) (Revenue \$ 20,138,350. )

MARKETS TRANSFORMATION (SEE SCHEDULE O)

**4c** (Code: ) (Expenses \$ 1,584,728. including grants of \$ ) (Revenue \$ 916. )

COMMUNICATIONS (SEE SCHEDULE O)

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 26,878,715.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows 1-21 with various questions regarding organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part 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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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

**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  X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NIGEL SIZER CHIEF PROGRAM OFFICER	40.00 0.				X			338,474.	0.	46,860.
(2) JOHANNES DE GROOT CEO (THRU 10/1/2020)	40.00 0.						X	0.	292,477.	19,723.
(3) ALIK ODINGA HINCKSON CHIEF FINANCIAL OFFICER	40.00 1.00			X				266,974.	0.	34,538.
(4) SUSAN TRESSLER CHIEF EXT REL OFFICER	40.00 0.				X			249,198.	0.	35,163.
(5) ANNE MARTHA KRUMME DIRECTOR, IP	40.00 0.					X		187,153.	0.	37,199.
(6) MOLLY STARK GEN CNSL & SECY (EFF 4/1/2020)	40.00 0.			X				212,531.	0.	10,221.
(7) ALEX H. MORGAN CHIEF MARKETS OFFICER	40.00 0.				X			181,575.	0.	20,461.
(8) MICHAEL IRA BROWN DIRECTOR OF INST. RELATIONS	40.00 0.					X		157,286.	0.	20,297.
(9) RIA STOUT CHIEF REGIONAL OFFICER	40.00 0.				X			169,809.	0.	0.
(10) BETHANY L KOCH SR. IMPL. MGR. (THRU 11/27/20)	40.00 0.					X		149,477.	0.	18,764.
(11) MIGUEL ZAMORA DIRECTOR, MARKETS TRANSF-CORE	40.00 0.					X		139,672.	0.	18,369.
(12) DAVID A HUGHELL GIS MANAGER (THRU 10/15/2020)	40.00 0.					X		144,799.	0.	7,641.
(13) LESLIE PARK GEN CNSL & SECY (THRU 3/31/20)	40.00 1.00			X				113,274.	0.	6,413.
(14) DANIEL R. KATZ DIRECTOR, BOARD CHAIR	1.00 1.00	X	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ANTONIUS VAN DER LAAN ----- DIRECTOR, VICE CHAIR	1.00 ----- 1.00	X		X				0.	0.	0.
( 16) PETER M. SCHULTE ----- DIRECTOR, TREASURER	1.00 ----- 1.00	X		X				0.	0.	0.
( 17) LABEEB M. ABOUD ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 18) TASSO AZEVEDO ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 19) VANUSIA M. CARNEIRO NOGUEIRA ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 20) SONILA COOK ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 21) DANIEL COUVREUR ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 22) WENDY GORDON ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 23) MARILU HERNANDEZ DE BOSOMS ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 24) NINA HAASE ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 25) DAN HOUSER ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								2,310,222.	292,477.	275,649.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,310,222.	292,477.	275,649.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 27

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 14

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) PETER LEHNER ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 27) NALIN K. MIGLANI ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 28) JUAN ESTEBAN ORDUZ TRUJILLO ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 29) DR. ANURAG PRIYADARSHI ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 30) ERIC ROTHENBERG ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 31) KERRI A. SMITH ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
( 32) ANNEMIEKE WIJN ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 27

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>								
	<b>b</b>	Membership dues . . . . .	<b>1b</b>								
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	134,025.							
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	15,000,000.							
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	7,063,241.							
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	8,193,538.							
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 53,549.							
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		30,390,804.							
	<b>Program Service Revenue</b>	<b>2a</b>	CONTRACT INCOME	Business Code	541900	1,632,894.	1,632,894.				
<b>b</b>		PARTICIPATION AGREEMENT REVENUE/ROYALTIES	541900		19,478,720.	19,478,720.					
<b>c</b>		OTHER PROGRAM INCOME	900099		4,781.	4,781.					
<b>d</b>											
<b>e</b>											
<b>f</b>		All other program service revenue . . . . .									
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			21,116,395.						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			277,571.		277,571.				
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			0.						
	<b>5</b>	Royalties . . . . . ▶			0.						
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real							
				(ii) Personal							
					1,210,697.						
	<b>b</b>	Less: rental expenses	<b>6b</b>		1,210,697.						
	<b>c</b>	Rental income or (loss)	<b>6c</b>								
	<b>d</b>	Net rental income or (loss) . . . . . ▶			0.						
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities		53,549.	438,722.				
				(ii) Other							
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>		53,360.						
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>		189.	438,722.					
<b>d</b>	Net gain or (loss) . . . . . ▶			438,912.		438,912.					
<b>8a</b>	Gross income from fundraising events (not including \$ 134,025. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			114,323.						
			<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		114,323.				
			<b>c</b>	Net income or (loss) from fundraising events. . . . . ▶			0.				
			<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
						<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>		0.	
						<b>c</b>	Net income or (loss) from gaming activities. . . . . ▶			0.	
			<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.			
						<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		0.	
						<b>c</b>	Net income or (loss) from sales of inventory. . . . . ▶			0.	
			<b>Miscellaneous Revenue</b>	<b>11a</b>		Business Code					
<b>b</b>											
<b>c</b>											
<b>d</b>	All other revenue . . . . .										
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				0.						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			52,223,682.	21,116,395.	716,483.					

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	705,756.	705,756.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	2,722,942.	2,722,942.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,551,738.	695,061.	856,677.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	13,749,677.	10,289,257.	1,943,085.	1,517,335.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	399,931.	287,096.	73,177.	39,658.
<b>9</b> Other employee benefits . . . . .	2,947,729.	2,116,065.	539,358.	292,306.
<b>10</b> Payroll taxes . . . . .	1,218,914.	875,013.	223,030.	120,871.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	238,082.	209,703.	13,742.	14,637.
<b>c</b> Accounting . . . . .	28,242.	24,557.	1,790.	1,895.
<b>d</b> Lobbying . . . . .	37,341.	37,341.		
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	331,083.			331,083.
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). <b>ATCH 4</b> . . . . .	4,070,035.	3,810,085.	214,062.	45,888.
<b>12</b> Advertising and promotion . . . . .	264,030.	120,202.	896.	142,932.
<b>13</b> Office expenses . . . . .	1,580,745.	1,453,467.	91,234.	36,044.
<b>14</b> Information technology . . . . .	1,561,843.	359,604.	1,150,024.	52,215.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,318,209.	1,134,993.	89,460.	93,756.
<b>17</b> Travel . . . . .	780,556.	758,211.	8,106.	14,239.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	45,597.	44,118.	1,333.	146.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	264,589.	194,428.	61,682.	8,479.
<b>23</b> Insurance . . . . .	284,084.	246,046.	18,391.	19,647.
<b>24</b> 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.)				
<b>a</b> WORKSHOPS . . . . .	496,203.	443,174.	45,899.	7,130.
<b>b</b> MEMBERSHIP/DUES/SUBSCRIPTION . . . . .	225,552.	157,956.	43,222.	24,374.
<b>c</b> BAD DEBT EXPENSE . . . . .	60,072.	56,288.	3,784.	
<b>d</b> OTHER EXPENSES . . . . .	205,728.	137,352.	6,196.	62,180.
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	35,088,678.	26,878,715.	5,385,148.	2,824,815.
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	8,989,606.	<b>1</b>	10,906,045.
	<b>2</b> Savings and temporary cash investments . . . . .	26,971.	<b>2</b>	11,584.
	<b>3</b> Pledges and grants receivable, net . . . . .	4,984,363.	<b>3</b>	3,694,541.
	<b>4</b> Accounts receivable, net. . . . .	7,957,600.	<b>4</b>	7,269,532.
	<b>5</b> Loans and other receivables from 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 . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	861,776.	<b>9</b>	2,098,961.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,233,246.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 1,362,761.	641,352.	<b>10c</b> 1,870,485.
	<b>11</b> Investments - publicly traded securities. . . . .	<b>ATCH</b> 5.	10,900,674.	<b>11</b> 31,207,295.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .		29,224.	<b>12</b> 26,731.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .		0.	<b>13</b> 0.
	<b>14</b> Intangible assets . . . . .		0.	<b>14</b> 0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		363,619.	<b>15</b> 325,851.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		34,755,185.	<b>16</b> 57,411,025.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	5,904,709.	<b>17</b>	6,062,966.
	<b>18</b> Grants payable . . . . .	462,704.	<b>18</b>	2,853,120.
	<b>19</b> Deferred revenue. . . . .	1,297,291.	<b>19</b>	1,510,126.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other 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 . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	1,782,710.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	652,701.	<b>25</b>	495,768.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	8,317,405.	<b>26</b>	12,704,690.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	20,716,952.	<b>27</b>	40,782,497.
	<b>28</b> Net assets with donor restrictions. . . . .	5,720,828.	<b>28</b>	3,923,838.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	26,437,780.	<b>32</b>	44,706,335.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	34,755,185.	<b>33</b>	57,411,025.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	52,223,682.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,088,678.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	17,135,004.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	26,437,780.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,174,982.
<b>6</b>	Donated services and use of facilities	<b>6</b>	11,874.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-53,305.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	44,706,335.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (73.86%); 15 Public support percentage from 2019 Schedule A, Part II, line 14 (87.08%); 16a 33 1/3% support test - 2020 (checked); 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

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

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**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **RAINFOREST ALLIANCE, INC.**

Employer identification number  
13-3377893

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 3,004,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 855,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 791,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 15,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **RAINFOREST ALLIANCE, INC.**

Employer identification number

13-3377893

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **RAINFOREST ALLIANCE, INC.**

Employer identification number  
13-3377893

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions). . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		995.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		36,346.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		37,341.													
<b>d</b> Other exempt purpose expenditures . . . . .		35,051,337.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		35,088,678.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures				36,700.	36,700.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures				641.	641.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (See instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

Schedule D (Form 990) 2020

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,038,135.	1,047,611.	1,102,551.	1,098,637.	1,149,731.
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	102,838.	31,761.	-9,850.	12,929.	-5,065.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	30,416.	41,237.	45,090.	9,015.	46,029.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	1,110,557.	1,038,135.	1,047,611.	1,102,551.	1,098,637.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  90.0500 %
  - c** Term endowment  9.9500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| <b>(ii)</b> Related organizations . . . . .   | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		1,188,481.	724,327.	464,244.
<b>d</b> Equipment . . . . .		1,114,758.	67,532.	1,047,226.
<b>e</b> Other . . . . .		921,011.	561,996.	359,015.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				1,870,485.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	495,768.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	

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



**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

THE KLEINHANS ENDOWMENT FUND WAS SET UP TO SUPPORT RA'S MISSION BY FUNDING RESEARCH AND RELATED ACTIVITIES REGARDING NON-TIMBER FOREST PRODUCTS.

FORM 990, SCHEDULE D, PART X, LINE 2

RA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND NO PROVISION FOR SUCH INCOME TAX HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. RA HAS EVALUATED UNCERTAIN TAX POSITIONS WITH RESPECT TO ITS U.S. OPERATIONS AND CONCLUDED THERE ARE NO SUCH POSITIONS AT DECEMBER 31, 2020 AND 2019. RA HAS OPERATIONS IN OTHER COUNTRIES AND IS SUBJECT TO THE LAWS AND REGULATIONS OF THOSE COUNTRIES. DURING THE YEAR ENDED DECEMBER 31, 2020, RA RECEIVED APPROXIMATELY \$51,000 IN REFUNDED FOREIGN INCOME TAXES. DURING THE YEAR ENDED DECEMBER 31, 2019, RA PAID APPROXIMATELY \$36,000, RESPECTIVELY, IN FOREIGN INCOME TAXES IN ADDITION TO VAT TAXES TO FOREIGN JURISDICTIONS. RA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES DURING THE PERIODS PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XI, LINE 2D

A FOREIGN EXCHANGE LOSS OF \$(42,103) RELATED TO CURRENCY LOSSES ON REVENUE TRANSACTIONS WAS INCLUDED AS A REDUCTION OF TOTAL REVENUE ON THE AUDIT REPORT BUT WAS INCLUDED IN PART XI LINE 9 ON FORM 990.

RETURNED PRIOR YEAR GRANT FUNDS UNSPENT OF \$(11,202).

**Part XIII** Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 4B

\$(3,981) LOSS ON DISPOAL OF FIXED ASSETS REPORTED ON PART VIII, LINE 7A

GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY

FORM 990, SCHEDULE D, PART XII, LINE 4B

\$(3,981) LOSS ON DISPOAL OF FIXED ASSETS REPORTED ON PART VIII, LINE 7A

GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

**Part I** **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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	6.	92.	PROGRAM SERVICES	SEE PART V	4,397,974.
(2) SUB-SAHARAN AFRICA	5.	36.	PROGRAM SERVICES	SEE PART V	2,224,761.
(3) SOUTH AMERICA	2.	12.	PROGRAM SERVICES	SEE PART V	1,272,488.
(4) EAST ASIA AND THE PACIFIC	2.	22.	PROGRAM SERVICES	SEE PART V	973,475.
(5) EUROPE	1.	20.	PROGRAM SERVICES	SEE PART V	1,451,561.
(6) NORTH AMERICA	1.	33.	PROGRAM SERVICES	SEE PART V	1,934,478.
(7) SOUTH ASIA	0.	0.	PROGRAM SERVICES	SEE PART V	230,667.
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	17.	215.			12,485,404.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	17.	215.			12,485,404.

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

Schedule F (Form 990) 2020

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH AMERICA	CONSERVATION	527,797.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	CONSERVATION	72,565.	EFT			
(3)			EUROPE/ICELAND/GREENLAND	SUSTAINABLE AGRICULTURE	109,140.	EFT			
(4)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	76,754.	EFT			
(5)			SUB-SAHARAN AFRICA	CONSERVATION	15,664.	EFT			
(6)			SOUTH AMERICA	SUSTAINABLE AGRICULTURE	26,847.	EFT			
(7)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	8,160.	EFT			
(8)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	166,869.	EFT			
(9)			SOUTH AMERICA	SUSTAINABLE AGRICULTURE	92,827.	EFT			
(10)			SOUTH ASIA	SUSTAINABLE AGRICULTURE	44,510.	EFT			
(11)			SUB-SAHARAN AFRICA	CONSERVATION	16,000.	EFT			
(12)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	306,129.	EFT			
(13)			SOUTH ASIA	SUSTAINABLE AGRICULTURE	15,197.	EFT			
(14)			NORTH AMERICA	SUSTAINABLE AGRICULTURE	133,277.	EFT			
(15)			SOUTH AMERICA	SUSTAINABLE AGRICULTURE	259,378.	EFT			
(16)			NORTH AMERICA	CONSERVATION	125,456.	EFT			

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 . . . ▶▶

3 Enter total number of other organizations or entities . . . ▶▶

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EUROPE/ ICELAND/GREENLAND	SUSTAINABLE AGRICULTURE	23,514.	EFT			
<b>(2)</b>			CENT. AMERICA/CARIBBEAN	CONSERVATION	47,435.	EFT			
<b>(3)</b>			CENT. AMERICA/CARIBBEAN	CONSERVATION	10,435.	EFT			
<b>(4)</b>			CENT. AMERICA/CARIBBEAN	CONSERVATION	5,058.	EFT			
<b>(5)</b>			CENT. AMERICA/CARIBBEAN	CONSERVATION	6,500.	EFT			
<b>(6)</b>			SOUTH AMERICA	CONSERVATION	5,051.	EFT			
<b>(7)</b>			SOUTH ASIA	CONSERVATION	8,862.	EFT			
<b>(8)</b>			SUB-SAHARAN AFRICA	CONSERVATION	67,934.	EFT			
<b>(9)</b>			SOUTH ASIA	COVID-19 RELIEF	30,000.	EFT			
<b>(10)</b>			SUB-SAHARAN AFRICA	COVID-19 RELIEF	7,791.	EFT			
<b>(11)</b>			SUB-SAHARAN AFRICA	COVID-19 RELIEF	23,167.	EFT			
<b>(12)</b>			SUB-SAHARAN AFRICA	COVID-19 RELIEF	18,000.	EFT			
<b>(13)</b>			SUB-SAHARAN AFRICA	COVID-19 RELIEF	9,000.	EFT			
<b>(14)</b>			SUB-SAHARAN AFRICA	COVID-19 RELIEF	6,000.	EFT			
<b>(15)</b>			SUB-SAHARAN AFRICA	COVID-19 RELIEF	23,484.	EFT			
<b>(16)</b>			CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	11,589.	EFT			

**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 . . . ▶▶

**3** Enter total number of other organizations or entities . . . ▶▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	10,218.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	6,500.	EFT			
(3)			EUROPE/ ICELAND/GREENLAND	SUSTAINABLE AGRICULTURE	59,568.	EFT			
(4)			SOUTH ASIA	SUSTAINABLE AGRICULTURE	15,178.	EFT			
(5)			SOUTH ASIA	SUSTAINABLE AGRICULTURE	86,361.	EFT			
(6)			SOUTH ASIA	SUSTAINABLE AGRICULTURE	43,091.	EFT			
(7)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	9,841.	EFT			
(8)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	20,050.	EFT			
(9)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	20,001.	EFT			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . . . 29.

3 Enter total number of other organizations or entities . . . . . 12.

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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)
(1) KLEINHANS FELLOWSHIP	NORTH AMERICA	1.	11,190.	EFT			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PERSONNEL, AND PROVIDES COMPLIANCE AND OTHER TRAINING TO ACTUAL  
SUBGRANTEES. THEY UNDERTAKE REGULAR COMPLIANCE REVIEWS AND REPORT  
FINDINGS TO PROGRAM AND RA MANAGEMENT.

SCHEDULE F, PART I, LINE 3(E)

FOR EACH OF THE REGIONS LISTED BELOW, THE "LANDSCAPES & COMMUNITIES",  
"COMMUNICATIONS", AND "MARKETS TRANSFORMATION" PROGRAM ACTIVITIES WERE  
ACTIVE IN:

CENTRAL AMERICA/CARIBBEAN

EAST ASIA AND THE PACIFIC

EUROPE

NORTH AMERICA

SOUTH AMERICA

SUB-SAHARAN AFRICA

SOUTH ASIA

SCHEDULE F, PART III, LINE 1

IN 2020, THE KLEINHANS FELLOWSHIP WAS AWARDED TO AN INDIVIDUAL WHOSE  
WORKED WILL STUDY THE GOVERNANCE OF RURAL FORESTS IN VERACRUZ, A HIGHLY  
DEFORESTED STATE IN MEXICO.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VIRTUAL GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	248,348.			248,348.
	<b>2</b> Less: Contributions . . . . .	134,025.			134,025.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	114,323.			114,323.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .	55,941.			55,941.
	<b>9</b> Other direct expenses . . . . .	58,382.			58,382.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				114,323.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
LARA KORITZKE-NAVARRE 25 HALFORD AVENUE TORONTO ONTARIO CA M6S 4G1	CONSULTING	X			21,000.	
MILO SYBRANT LLC 232 HOYT STREET #3 BROOKLYN NY 11217-2913	CONSULTING	X			187,892.	
RISING TIDE DIRECT, LLC 233 NEEDHAM STREET #300 NEWTON MA 02464	CONSULTING	X			13,200.	
C MADDEN PRODUCTIONS 10 PARK AVENUE #2E NEW YORK NY 10016	CONSULTING	X			18,000.	
KICK DRUM PICTURES INC. 255 EASTERN PARKWAY APT 6F BROOKLYN NY 11238	CONSULTING	X			40,000.	

ATTACHMENT 1 (CONT'D)

KRISTEN VISSERS	368 RIVER WAY	SALEM	NY 12865	CONSULTING	X	6,000.
MAKE THINGS AWESOME LLC	241 JUDSON AVENUE	SAN FRANCISCO	CA 94112	CONSULTING	X	5,241.
SMARTER GOOD INC	402 MARINA WAY	RICHMOND	CA 94801-3207	CONSULTING	X	8,250.
THE PURSUANT GROUP INC	15660 N DALLAS PARKWAY #1000	DALLAS	TX 75248	CONSULTING	X	21,500.
PISCEAN DREAMWORKS LLC	474 HALSEY STREET #4	BROOKLYN	NY 11233	CONSULTING	X	5,000.

**SCHEDULE I  
(Form 990)**

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number

13-3377893

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MERIDIAN INSTITUTE 105 VILLAGE PLACE DILLON, CO 80435	84-1435420	501 (C) (3)	270,674.				SUSTAINABLE AGRICULTURE
(2) CONSERVATION INT FOUNDATION 2011 CRYSTAL DRIVE ARLINGTON, VA 22202	52-1497470	501 (C) (3)	34,123.				CONSERVATION
(3) VERITE INC 44 BELCHERTOWN ROAD AMHERST, MA 01002	04-3304538	501 (C) (3)	10,000.				SUSTAINABLE AGRICULTURE
(4) VERRA 1 THOMAS CIRCLE NW WASHINGTON, DC 20005	27-0566795	501 (C) (3)	121,654.				LANDSCAPE
(5) NORWAY'S INTERNATIONAL CLIMATE & FOREST INITIATIVE BYGDOY ALLE 2 OSLO NO 0257			9,300.				SUSTAINABLE AGRICULTURE
(6) ECOAGRICULTURE INTERNATIONAL 3057 NUTLEY ST #193 FAIRFAX, VA 22031	20-2349382	501 (C) (3)	230,000.				M&E
(7) FOREST TRENDS 1203 19TH STREET NW WASHINGTON, DC 20036	52-2135531	501 (C) (3)	30,004.				SUSTAINABLE AGRICULTURE
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 . . . . .

**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? . . . . .

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? . . . . .
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
  - c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- 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:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- 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:

- a** The organization? . . . . .
  - b** Any related organization? . . . . .
- 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. . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHANNES DE GROOT CEO (THRU 10/1/2020)	0.	0.	0.	0.	0.	0.	0.
NIGEL SIZER CHIEF PROGRAM OFFICER	129,256.	0.	163,221.	19,723.	0.	312,200.	0.
2 ALIK ODINGA HINCKSON CHIEF FINANCIAL OFFICER	337,826.	0.	648.	11,101.	36,209.	385,784.	0.
3 SUSAN TRESSLER CHIEF EXT REL OFFICER	266,510.	0.	464.	13,582.	21,537.	302,093.	0.
4 ANNE MARTHA KRUMME DIRECTOR, IP	247,165.	0.	2,033.	9,108.	26,055.	284,361.	0.
5 MOLLY STARK GEN CNSL & SECY (EFF 4/1/2020)	180,866.	5,700.	587.	1,206.	35,993.	224,352.	0.
6 ALEX H. MORGAN CHIEF MARKETS OFFICER	189,300.	22,884.	347.	8,926.	1,651.	223,108.	0.
7 MICHAEL IRA BROWN DIRECTOR OF INST. RELATIONS	176,240.	5,164.	171.	9,126.	11,335.	202,036.	0.
8 RIA STOUT CHIEF REGIONAL OFFICER	157,133.	0.	153.	7,987.	12,818.	178,091.	0.
9 BETHANY I KOCH SR. IMPL. MGR. (THRU 11/27/20)	169,809.	0.	0.	0.	0.	169,809.	0.
10 MIGUEL ZAMORA DIRECTOR, MARKETS TRANSF-CORE	82,315.	0.	67,162.	0.	20,119.	169,596.	0.
11 DAVID A HUGHELL GIS MANAGER (THRU 10/15/2020)	139,563.	0.	109.	7,034.	11,335.	158,041.	0.
12	82,936.	0.	61,863.	6,000.	1,641.	152,440.	0.
13	0.	0.	0.	0.	0.	0.	0.
14							
15							
16							

**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 J, PART I, LINE 3

THE ORGANIZATION'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE CEO AND CFO. A REVIEW OF THE TOTAL COMPENSATION FOR EACH INDIVIDUAL IS MADE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE TOTAL COMPENSATION OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING BUT NOT LIMITED TO THE CEO AND CFO. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED

**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.

BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE MEMBERS OF THE BOARD OF DIRECTORS EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST WITH RESPECT TO EXECUTIVE COMPENSATION. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE CEO AND CFO. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE CEO WITH ASSISTANCE FROM OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE POSITIONS, PERSONNEL REVIEWS AND EVALUATIONS.

**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 J, PART I, LINE 4A

FORMER CHIEF EXECUTIVE OFFICER JOHANNES DE GROOT RECEIVED A SEVERANCE

PAYMENT OF \$163,221. FORMER SENIOR IMPLEMENTATION MANAGER BETHANY L KOCH

RECEIVED A SEVERANCE PAYMENT OF \$59,131. FORMER GIS MANAGER DAVID A

HUGHELL RECEIVED A SEVERANCE PAYMENT OF \$44,869.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

**Part 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	(d) Method of determining noncash contribution amounts
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	11.	53,549.	SELLING PRICE
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 during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

JSA

OE1298 1.000  
27637U M998

V 20-7.6F

3018000

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

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

FORM 990, PART III, LINE 1

THE ORGANIZATION HAD SIGNATURE AUTHORITY OVER BANK ACCOUNTS IN THE FOLLOWING COUNTRIES: CANADA, CAMEROON, COSTA RICA, GHANA, GUATEMALA, HONDURAS, INDONESIA, KENYA, MEXICO, PERU, UNITED KINGDOM. WHERE PEOPLE CAN THRIVE AND PROSPER IN HARMONY WITH THE LAND. THE CORE OF OUR APPROACH LIES IN LEVERAGING MARKET DEMAND FOR SUSTAINABLE PRODUCTS TO CONSERVE BIODIVERSITY AND ENHANCE LOCAL LIVELIHOODS. FROM LARGE MULTINATIONAL CORPORATIONS TO SMALL, COMMUNITY-BASED COOPERATIVES, WE INVOLVE PRODUCERS, BUSINESSES AND CONSUMERS ALL ALONG THE VALUE CHAIN IN EFFORTS TO BRING RESPONSIBLY PRODUCED GOODS AND SERVICES TO A GLOBAL MARKETPLACE IN WHICH THE DEMAND FOR SUSTAINABILITY IS GROWING STEADILY. SINCE OUR FIRST EFFORTS IN CENTRAL AMERICA OVER 30 YEARS AGO, THE RAINFOREST ALLIANCE HAS GROWN INTO A GLOBAL INNOVATOR OF MARKET-BASED SOLUTIONS FOR CONSERVATION AND ECONOMIC DEVELOPMENT, AND WE ARE CURRENTLY WORKING IN MORE THAN APPROXIMATELY 80 COUNTRIES. THE RAINFOREST ALLIANCE IS ACTIVE IN MULTIPLE SECTORS - INCLUDING FORESTRY, AGRICULTURE, TOURISM AND CARBON/CLIMATE - PROVIDING TECHNICAL ASSISTANCE AND CERTIFICATION SERVICES TO PRODUCERS, WHILE WORKING WITH BOTH LOCAL ENTERPRISES AND DOMESTIC AND INTERNATIONAL BUYERS TO INCREASE THE COMPETITIVENESS OF SUSTAINABLE BUSINESS.

RAINFOREST ALLIANCE HOLDING, INC. WAS FORMED ON JANUARY 1, 2018 TO SERVE AS THE COMMON NON-PROFIT PARENT CORPORATION PROVIDING CENTRALIZED GOVERNANCE AND OVERSIGHT OVER 2 WHOLLY-OWNED NON-PROFIT ENTITIES: 1)

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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RAINFOREST ALLIANCE, INC, A NEW YORK CORPORATION AND SECTION 501(C)(3) PUBLIC CHARITY AND 2) STICHTING RAINFOREST ALLIANCE, A TAX-EXEMPT DUTCH FOUNDATION.

FORM 990, PART III, LINE 4A

LANDSCAPES AND COMMUNITIES

THE RAINFOREST ALLIANCE DEVELOPS AND IMPLEMENTS LONG-TERM CLIMATE CONSERVATION AND COMMUNITY DEVELOPMENT PROGRAMS IN A NUMBER OF CRITICALLY IMPORTANT TROPICAL LANDSCAPES WHERE COMMODITY PRODUCTION THREATENS ECOSYSTEM HEALTH AND THE WELL-BEING OF RURAL COMMUNITIES. WE CO-DESIGN THESE INITIATIVES WITH OUR FRONTLINE COMMUNITY PARTNERS AND FOCUS ON IMPROVING RURAL LIVELIHOODS THROUGH SUSTAINABLE LOCAL ECONOMIES.

OUR INTEGRATED LANDSCAPE MANAGEMENT APPROACH EXPANDS OUR FOCUS BEYOND A SINGLE FARM OR FOREST TO COVER A FAR WIDER GEOGRAPHICAL AREA THAT ENCOMPASSES PRODUCERS, COMPANIES, COMMUNITIES, LOCAL GOVERNMENTS, AND NON-GOVERNMENTAL ORGANIZATIONS. BY INVOLVING A DIVERSE RANGE OF STAKEHOLDERS IN OUR LANDSCAPE MANAGEMENT PROGRAMS, WE BRING ALL LAND USERS TOGETHER TO DISCUSS COMMON INTERESTS AND DETERMINE COLLECTIVE ACTIONS. TOGETHER WE WORK TO PROTECT FORESTS AND BIODIVERSITY, TAKE ACTION ON CLIMATE, AND PROMOTE THE RIGHTS AND IMPROVE THE LIVELIHOODS OF RURAL PEOPLE.

ELEMENTS OF OUR LANDSCAPE PROGRAMS INCLUDE:

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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- TRAINING IN LAND MANAGEMENT BEST PRACTICES, INCLUDING CLIMATE-SMART AGRICULTURE AND SUSTAINABLE FORESTRY
- PROVIDING TRAINING OPPORTUNITIES TO RURAL PRODUCERS SO THEY CAN DIVERSIFY THEIR INCOME STREAMS OR ADD VALUE TO THEIR PRODUCTS
- OPENING ACCESS TO SUSTAINABLE FINANCING THROUGH PARTNERSHIPS WITH LENDING INSTITUTIONS AND HELPING RURAL PRODUCERS IMPROVE THEIR FINANCIAL MANAGEMENT SKILLS
- FACILITATING PUBLIC-PRIVATE PARTNERSHIPS THAT STIMULATE RELIABLE, LONG-TERM MARKET DEMAND FOR MORE SUSTAINABLY PRODUCED GOODS
- CONNECTING FARMERS AND FOREST COMMUNITIES TO NEW MARKETS TO EXPAND SELLING OPPORTUNITIES
- AMPLIFYING THE VOICES OF RURAL PRODUCERS BY STRENGTHENING LOCAL AND REGIONAL REPRESENTATION GROUPS.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2020 INCLUDED:

- IN 2020, RA CONTINUED TO WORK WITH A DIVERSE DONOR BASE TO FURTHER EVOLVE INTEGRATED LANDSCAPE CONSERVATION AND VALUE CHAIN DEVELOPMENT IN THE AGRICULTURE AND FORESTRY SECTORS IN STRATEGIC WORKING LANDSCAPES. SOME OF THE LARGEST DONORS WERE THE WALMART FOUNDATION, IKEA FOUNDATION,

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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BHP BILLITON FOUNDATION, USAID, NORWAY'S INTERNATIONAL CLIMATE AND FOREST INITIATIVE, GLOBAL ENVIRONMENTAL FACILITY, NESCAFE AND GREEN CLIMATE FUND.

- IN LATIN AMERICA, NINE FOREST COMMUNITIES IN GUATEMALA'S MAYA BIOSPHERE RESERVE MAINTAINED A NEAR-ZERO DEFORESTATION RATE IN THE VAST "WORKING FOREST" CONCESSIONS THEY HAVE MANAGED FOR ALMOST 20 YEARS SPANNING 353,000 HA. THAT RATE WAS 20 TIMES LESS THAN IN OTHER PARTS OF THE RESERVE. DESPITE THE CHALLENGES PRESENTED BY THE COVID-19 PANDEMIC, OUR PARTNER COMMUNITIES WERE GRANTED GOVERNMENT PERMISSION TO EXPAND PRODUCTION OF NON-TIMBER FOREST PRODUCTS ACROSS AN AREA COVERING 64,000 HECTARES-ALLOWING COMMUNITIES TO HARVEST MORE XATE LEAF IN 2020. ADDITIONAL 2020 IMPACTS INCLUDED 1,200 NEW JOBS CREATED BY COMMUNITY OWNED FORESTRY ENTERPRISES, COMBINED REVENUES OF THE 111 COMMUNITY-OWNED FOREST ENTERPRISES IN THE CONCESSIONS TOTALING APPROXIMATELY 7M USD AND 200 HECTARES OF DEGRADED LANDS HAVE COME UNDER PRODUCTIVE LANDSCAPE RESTORATION.

- RA CONTINUED TO LEAD THE ACCOUNTABILITY FRAMEWORK INITIATIVE (AFI), WHICH WORKS TO ACCELERATE PROGRESS AND IMPROVE ACCOUNTABILITY FOR SUPPLY CHAINS THAT ARE DEFORESTATION-FREE AND FULLY RESPECT HUMAN RIGHTS. THE ACCOUNTABILITY FRAMEWORK IS NOW USED ACROSS 68 COUNTRIES TO IMPLEMENT ETHICAL SUPPLY CHAINS BY COMPANIES WITH TOTAL ANNUAL REVENUES OF MORE THAN \$1.7 TRILLION. IT HAS ALSO BEEN ADOPTED BY 11 MAJOR INDUSTRY ASSOCIATIONS AND GUIDES CORPORATE DISCLOSURE ON DEFORESTATION RISK AND

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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INITIATIVES BY NEARLY 700 COMPANIES. DURING 2020, THE AFI COALITION GREW FROM 11 TO MORE THAN 20 MEMBERS, INCREASING ITS REACH AND CAPACITY TO DRIVE FURTHER SCALING-UP OF RESPONSIBLE PRODUCTION AND SOURCING PRACTICES IN LINE WITH THE ACCOUNTABILITY FRAMEWORK.

- IN SUMATRA, INDONESIA, WE PARTNERED WITH THOUSANDS OF LOCAL FARMERS WHO ARE NOT ONLY COMMITTED TO MORE SUSTAINABLE WAYS OF GROWING COFFEE, BUT ALSO TO REGENERATING DEFORESTED AREAS. TOGETHER, IN 2020, WE PLANTED AN IMPRESSIVE 124,000 TREE SEEDLINGS IN THE BUFFER ZONES BORDERING THE PARK.

- IN GUATEMALA, HONDURAS, AND MEXICO, WE RESTORED 1,313 HECTARES WITH NATIVE OR AGROFOREST SPECIES THROUGH PARTNERSHIPS WITH LOCAL PRODUCERS AND INDIGENOUS COMMUNITIES.

- WE BEGAN DESIGNING AND IMPLEMENTING MEASURES TO STRENGTHEN RA'S ASSURANCE PROGRAM IN THE COCOA SECTOR, INCLUDING ANNOUNCING OUR AFRICA COCOA FUND - A NEW US\$5 MILLION FUND TO SUPPORT COCOA FARMING COMMUNITIES AND PROTECT NATURE ACROSS WEST AND CENTRAL AFRICA. THE AFRICA COCOA FUND IS AN EXCITING OPPORTUNITY TO HELP FARMERS IN NEED OF ASSISTANCE TO IMPLEMENT KEY REQUIREMENTS OF OUR STRENGTHENED CERTIFICATION PROGRAM. IN 2020, WE SELECTED 8 PROJECTS FOR OUR FIRST DISBURSEMENT TO WORK ON MONITORING SYSTEMS TO TACKLE CHILD LABOR, INCREASING ON-FARM SHADE TREES THROUGH AGROFORESTRY, HARNESSING DIGITAL TECHNOLOGY TO DRIVE SUSTAINABILITY PROGRESS AND DIVERSIFYING RURAL LIVELIHOOD OPPORTUNITIES.

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- IN THE WESTERN HIGHLANDS OF CAMEROON AND THE SOUTHERN PERIPHERY OF THE DJA FAUNAL RESERVE, WE HAVE PARTNERED WITH LOCAL FOREST COMMUNITIES TO BREAK DOWN BARRIERS TO BIODIVERSITY PROTECTION AND IMPROVE RURAL LIVELIHOOD OPPORTUNITIES THROUGH PARTICIPATORY LANDSCAPE MANAGEMENT.

- WHEN LOCKDOWN RESTRICTIONS FORCED MANY OF OUR REGIONAL TEAMS TO SUSPEND FACE-TO-FACE AGRICULTURAL TRAININGS WITH FARMERS, WE NEEDED TO COME UP WITH INNOVATIVE ALTERNATIVES-AND FAST. WE PIVOTED TO ONLINE TRAININGS WHERE POSSIBLE, BUT MANY OF OUR COMMUNITY PARTNERS LIVE IN REMOTE AREAS WITH LIMITED INTERNET ACCESS. THE SOLUTION: WE STARTED RECORDING AUDIO TRAININGS FOR BROADCAST OVER RADIO AND PUBLIC ADDRESS SYSTEMS. FOR OUR MOST VULNERABLE PARTNERS, THESE BROADCASTS HAVE BEEN VITAL-PROVIDING PRACTICAL GUIDANCE ON HOW TO IMPLEMENT SUSTAINABLE GROWING PRACTICES THAT CAN BOOST YIELDS AND IMPROVE THEIR INCOMES. PRACTICAL GUIDANCE ON HOW TO IMPLEMENT SUSTAINABLE GROWING PRACTICES THAT CAN BOOST YIELDS AND IMPROVE THEIR INCOMES. FARMERS AND THEIR COMMUNITIES IN 2020.

FORM 990, PART III, LINE 4B

MARKETS TRANSFORMATION

THE MARKETS TRANSFORMATION TEAM WORKS TO INFLUENCE CORPORATE POLICIES, BEHAVIOR, PRACTICES AND ALLOCATION OF RESOURCES FOR THE BETTERMENT OF FARMERS AND FOREST COMMUNITIES IN SERVICE OF RAINFOREST ALLIANCE'S MISSION. WE WORK WITH MORE THAN 5,000 BUSINESSES AND 2 MILLION FARMERS TO DRIVE MORE SUSTAINABLE AGRICULTURE AND RESPONSIBLE SUPPLY CHAINS.

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## HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2020 INCLUDED:

- WE PUBLISHED OUR NEW 2020 SUSTAINABLE AGRICULTURE STANDARD-AN EVOLVED CERTIFICATION PROGRAM BASED ON THE PRINCIPLES OF SHARED RESPONSIBILITY AND SUSTAINABILITY AS A JOURNEY OF CONTINUOUS, DATA-INFORMED IMPROVEMENT. OUR 2020 CERTIFICATION PROGRAM INTRODUCES NEW REQUIREMENTS FOR COMPANIES TO INVEST IN AND REWARD MORE SUSTAINABLE PRODUCTION. AT THE SAME TIME, OUR NEW PROGRAM FULLY EMBRACES THE POWER OF DATA-FROM DETAILED RECORD-KEEPING SYSTEMS TO CUTTING-EDGE GEOSPATIAL ANALYSIS. THIS MEANS EXCITING NEW DIGITAL TOOLS TO HELP FARMERS IMPLEMENT MORE SUSTAINABLE PRACTICES, CLEARER PERFORMANCE INSIGHTS AND RISK ANALYSIS FOR COMPANIES, AND MORE EFFECTIVE AUDITING PROCESSES TO ENSURE TRANSPARENCY AND ACCOUNTABILITY. STAKEHOLDER OUTREACH, COLLECTING FEEDBACK AND PROVIDING TRAINING TO FARMERS AND SUPPLY CHAIN ACTORS ACROSS ALL SECTORS WAS A SIGNIFICANT PART OF OUR WORK.

- WALMART ANNOUNCED THAT 100% OF THEIR PRIVATE LABEL "GREAT VALUE TEA" IS 100% RAINFOREST ALLIANCE CERTIFIED.

- STARBUCKS BEGAN TRACING THEIR RAINFOREST ALLIANCE CERTIFIED TEA SUPPLY TO SUPPORT CORPORATE SOCIAL RESPONSIBILITY (CSR) CLAIMS FOR THEIR TEA AND COCOA PROGRAM. STARBUCKS' COCOA TEAM ALSO AGREED TO BEGIN TRACING A LARGE PORTION OF THEIR COCOA SUPPLY AS RAINFOREST ALLIANCE CERTIFIED IN PLACE OF THEIR IN-HOUSE COCOA ASSURANCE PROGRAM.

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- WENDY'S BEGAN LABELING THEIR COFFEE AS RAINFOREST ALLIANCE CERTIFIED.
  
- WHOLE FOODS MARKET AND ITS ROASTER ALLEGRO BEGAN LABELING SOME OF THEIR PRIVATE LABEL BRANDED (365 BRAND AND THREE BEANS) COFFEE & TEA PRODUCTS.

FORM 990, PART III, LINE 4C  
COMMUNICATIONS

THE COMMUNICATIONS PROGRAM IS RESPONSIBLE FOR OUTREACH AND EDUCATION OF THE PUBLIC ON CERTIFICATION STANDARDS, SUSTAINABLE PRACTICES AND THE RAINFOREST ALLIANCE'S WORK AROUND THE WORLD. WE ALSO PRODUCE AND PUBLISH STUDIES FOCUSED ON FORESTRY, AGRICULTURE AND CERTIFICATION. HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2020 INCLUDED:

- THE RAINFOREST ALLIANCE LAUNCHED A VIBRANT NEW SEAL IN SEPTEMBER OF 2020-AND WITHIN THREE MONTHS, OUR RE-INVIGORATED LITTLE FROG HAD ALREADY LEAPT ONTO 6,000 NEW PRODUCTS IN MORE THAN 100 DIFFERENT COUNTRIES. THIS NEW SEAL IS A SYMBOL OF OUR VISION FOR ACHIEVING A WORLD WHERE PEOPLE AND NATURE THRIVE IN HARMONY-A VISION ENHANCED AND EXPANDED BY THE 2018 MERGER OF THE RAINFOREST ALLIANCE AND UTZ.
  
- IN 2020 ONLINE RETAIL GIANT AMAZON BESTOWED A CLIMATE PLEDGE FRIENDLY BADGE UPON ALL RAINFOREST ALLIANCE CERTIFIED PRODUCTS-WHICH MEANS THAT CONSUMERS CAN FILTER FOR PRODUCTS THAT BEAR OUR GREEN FROG SEAL WHEN BROWSING AMAZON. THE RAINFOREST ALLIANCE'S CERTIFICATION PROGRAM IS ONE OF ONLY 18 TO EARN THE CLIMATE PLEDGE FRIENDLY BADGE, WHICH HELPS

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SHOPPERS IN THE US AND EUROPE MAKE CHOICES THAT ARE BETTER FOR PEOPLE AND NATURE.

- OUR ANNUAL FOLLOW THE FROG CAMPAIGN HIGHLIGHTS EVERYDAY ACTIONS-LIKE BUYING PRODUCTS WITH OUR GREEN FROG SEAL-THAT CAN MAKE A POSITIVE DIFFERENCE FOR PEOPLE AND NATURE. SOME OF THE RESULTS OF THE 2020 CAMPAIGN:

- 87 COLLABORATING COMPANY PARTNERS
- 12.8M PEOPLE REACHED ON SOCIAL MEDIA
- 21 INFLUENCERS WITH COMBINED REACH OF 5M PEOPLE

- IN SEPTEMBER 2020, THE RAINFOREST ALLIANCE JOINED #TOGETHER4FORESTS, A CAMPAIGN TO DEMAND A STRONG, NEW EUROPEAN UNION LAW TO PROTECT THE WORLD'S FORESTS AND OTHER ECOSYSTEMS BY KEEPING PRODUCTS ASSOCIATED WITH DEFORESTATION OUT OF THE EU MARKET. OUR ALLIANCE MEMBERS WERE AMONG THE 1.1 MILLION PEOPLE WHO PARTICIPATED IN THE EUROPEAN COMMISSION'S PUBLIC CONSULTATION ON DEFORESTATION, AND THEIR INPUT WAS DELIVERED TO THE EUROPEAN COMMISSION ON DECEMBER 14, 2020. IT WAS THE LARGEST NUMBER OF SUBMISSIONS TO A PUBLIC CONSULTATION ON THE ENVIRONMENT IN THE HISTORY OF THE EUROPEAN UNION.

- IN MARCH 2020, THE COVID-19 PANDEMIC BROUGHT OUR ANNUAL FUNDRAISING GALA PLANNING TO AN ABRUPT HALT. AS THE RAINFOREST ALLIANCE DIRECTED ITS ENTIRE STAFF TO BEGIN WORKING FROM HOME, THE COMMUNICATIONS AND

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FUNDRAISING TEAMS THREW THEIR TRADITIONAL PLANS OUT THE WINDOW AND STARTED FROM SCRATCH. THE RESULT WAS THE MOST INCLUSIVE, INTERNATIONAL EVENT IN OUR HISTORY: A 1.5-HOUR LIVESTREAMED VIDEO PROGRAM THAT EMBODIED THE VERY BEST OF OUR ALLIANCE. OUR PROGRAM FEATURED A DOCUMENTARY-STYLE SEGMENT ON OUR FRONTLINE PARTNERS IN THE AMAZON, A VIDEO POEM BY ACTOR/DESIGNER/TEA PURVEYOR WARIS ALHUWALIA, AND INTERVIEWS WITH SOME OF THE WORLD'S LEADING YOUTH CLIMATE ACTIVISTS.

- IN CONNECTION WITH LAUNCHING OUR 2020 CERTIFICATION PROGRAM, OUR WEBSITE FEATURED WHAT'S NEW IN THE STANDARD, A LIBRARY TO ALL FARM CERTIFICATION AND SUPPLY CHAIN CERTIFICATION BINDING DOCUMENTS, ANNEXES, GUIDANCES, AND MORE, IN 11 LANGUAGES. WE ALSO BUILT AN ONLINE GLOSSARY FOR THE CERTIFICATION PROGRAM AND A TRANSITION TOOL TO HELP STAKEHOLDERS MOVE TO OUR NEW 2020 PROGRAM.

FORM 990, PART III, LINE 4D

RA-CERT

DURING Q4 2018, RA SOLD ITS RA-CERT PROGRAM. THIS SALE REPRESENTED A STRATEGIC SHIFT IN RA'S OPERATIONS. RA WILL CONTINUE TO COLLECT REVENUES EACH YEAR OF THE 5-YEAR SALE TERM BASED ON A PERCENTAGE OF APPLICABLE ANNUAL REVENUES. RA-CERT INCLUDED CERTIFICATION, VERIFICATION AND VALIDATION ACTIVITIES IN THE AREAS OF FORESTRY, AGRICULTURE, AND TOURISM. THESE SERVICES WERE FOCUSED ON CONSERVING BIODIVERSITY AND ENSURING SUSTAINABLE LIVELIHOODS. RA-CERT WAS SOLD TO PREFERRED BY NATURE (FORMERLY KNOWN AS NEPCON), AN INTERNATIONAL NON-PROFIT ORGANIZATION THAT

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PROMOTES AND DELIVERS SUSTAINABILITY CERTIFICATION SERVICES AND HAS BEEN WORKING COLLABORATIVELY ON CERTIFICATION AND OTHER INITIATIVES WITH RA SINCE 1998. RA AND PREFERRED BY NATURE CONTINUE TO UPHOLD THEIR COLLABORATIVE RELATIONSHIP, INCLUDING SYNERGIES ON STANDARDS DEVELOPMENT, IMPACTS REPORTING, AND CONTINUED INNOVATIONS IN CERTIFICATION DELIVERY.

FORM 990, PART V, LINE 4B

THE ORGANIZATION HAD SIGNATURE AUTHORITY OVER BANK ACCOUNTS IN THE FOLLOWING COUNTRIES: CANADA, CAMEROON, COSTA RICA, GHANA, GUATEMALA, HONDURAS, INDONESIA, KENYA, MEXICO, PERU, UNITED KINGDOM.

FORM 990, PART VI, SECTION A, LINE 1A

THE RAINFOREST ALLIANCE HAS AN EXECUTIVE COMMITTEE CONSISTING OF EIGHT DIRECTORS OF THE BOARD OF DIRECTORS (THE "BOARD"). PURSUANT TO THE BYLAWS, THE CHAIR OF THE BOARD SERVES AS THE CHAIR OF THE EXECUTIVE COMMITTEE. DURING THE TIME BETWEEN BOARD MEETINGS, THE EXECUTIVE COMMITTEE CAN EXERCISE ALL POWERS OF THE BOARD THAT MAY BE DELEGATED IN CONNECTION WITH THE MANAGEMENT OF THE BUSINESS AFFAIRS AND PROPERTY OF RAINFOREST ALLIANCE, EXCEPT AS RESTRICTED BY LAW OR THE CERTIFICATE OF INCORPORATION. THE EXECUTIVE COMMITTEE MEETS AT THE DISCRETION OF THE CHAIR OF THE BOARD AND REPORTS ALL ACTIONS TO THE BOARD.

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

THE CFO INITIALLY REVIEWS THE ORGANIZATION'S DRAFT FORM 990. THE GENERAL COUNSEL REVIEWS THE DRAFT 990 WITH RESPECT TO ANY QUESTIONS INVOLVING LEGAL MATTERS. THE DRAFT FORM 990 IS DISTRIBUTED TO EACH OF THE

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF FILING. EACH OFFICER AND DIRECTOR IS ASKED TO REVIEW THE DRAFT FORM 990 AND RAISE ANY QUESTIONS OR COMMENTS. THE CFO OVERSEES ANY REVISIONS BEFORE THE FINAL FORM 990 IS FILED.

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

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

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE ORGANIZATION HAS DEVELOPED SALARY ADMINISTRATION GUIDELINES (THE

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"GUIDELINES") THAT APPLY IN SETTING THE COMPENSATION OF ALL OF ITS EMPLOYEES, INCLUDING ITS CEO, OFFICERS, AND KEY EMPLOYEES. UNDER THE GUIDELINES, THE ORGANIZATION UTILIZES SEVERAL SALARY SURVEYS WITH SIMILARLY SIZED, INTERNATIONAL NON-PROFIT ORGANIZATIONS TO ENSURE THAT ITS SALARIES ARE WITHIN THE RANGE OF THOSE OF COMPARABLE ORGANIZATIONS. GENERALLY, THE MIDPOINT OF THE ORGANIZATION'S SALARY RANGES FALLS WITHIN THE SALARY RANGE AVERAGES OF COMPARABLE NON-PROFIT ORGANIZATIONS. PERFORMANCE REVIEWS ARE THEN USED TO ESTABLISH AN INDIVIDUAL EMPLOYEE'S COMPENSATION WITHIN THE RANGE SET BY COMPARABILITY DATA. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES MODIFICATION OF COMPENSATION THAT EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES. THE GUIDELINES ALSO REQUIRE THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE SEPARATELY THE COMPENSATION OF THE CEO AND CFO, UNLESS SUCH INDIVIDUALS RECEIVE A MODIFICATION OF COMPENSATION THAT EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES. TO ENSURE RA PAY SCALES ARE CONSISTENT, FAIR AND COMPETITIVE, RA REGULARLY ENGAGES THE MERCER GROUP TO CONDUCT A GLOBAL REVIEW OF ITS DOMESTIC AND INTERNATIONAL PAY SCALES. THE MOST RECENT REVIEW WAS COMPLETED IN 2019.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO MANAGEMENT. IN ADDITION, THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, 990'S, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES, AND SUMMARIES OF ALL OF ITS POLICIES AND PROCEDURES TO ENSURE INDEPENDENCE, ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS - THE ORGANIZATION OPERATES IN SEVERAL

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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COUNTRIES AND INCURS FOREIGN TRANSLATION GAINS/LOSSES. FOR THE TAX YEAR ENDED DECEMBER 31, 2020, \$42,103 OF FOREIGN CURRENCY EXCHANGE LOSSES WERE INCURRED. AS PART OF PAYROLL TAXES, BUT REPRESENTS BENEFITS TO THE EMPLOYEES, RA HAS INCLUDED THESE AS EXPENSES AS OTHER EMPLOYEE BENEFITS IN THE STATEMENT OF FUNCTIONAL EXPENSES.

\$11,202 PRIOR YEAR GRANTS NOT SPENT.

\$ (42,103) FOREIGN TRANSLATION LOSS  
(11,202) PRIOR YEAR GRANT NOT SPENT

-----  
\$ (53,305) OTHER CHANGES IN NET ASSETS

FORM 8858

FOREIGN DISREGARDED ENTITIES - THE ORGANIZATION FILED A FORM 8832 FOR DISREGARDED ENTITY STATUS WITH RESPECT TO ALL ITS FOREIGN SUBSIDIARIES. THE INTERNAL REVENUE SERVICE HAS APPROVED THE ELECTION FOR TREATMENT OF DISREGARDED ENTITY STATUS ON THE FOLLOWING ENTITIES: RAINFOREST ALLIANCE LTD (UK) - EIN # 98-1051166 RAINFOREST ALLIANCE TRADING LTD (UK) - EIN #98-1069583 RAINFOREST ALLIANCE (GHANA) - EIN # - 98-1051463 FOUNDATION. THE ORGANIZATION HAS NOT RECEIVED A DETERMINATION WITH RESPECT TO THE REMAINING FOREIGN SUBSIDIARIES. THE ORGANIZATION WILL CONTINUE TO TREAT THEM AS FOREIGN DISREGARDED ENTITIES WITHIN FORM 990, INCLUDING THE FILING OF FORM 8858 FOR EACH ONE.

FINANCIAL STATEMENTS

THE FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS TO INCLUDE

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ALL OF THE ASSETS, LIABILITIES, NET ASSETS, REVENUES AND EXPENSES OF ALL BRANCHES AND AFFILIATES, WHICH FOR TAX PURPOSES ARE DISREGARDED ENTITIES, OF THE RAINFOREST ALLIANCE, INC.

ATTACHMENT 1

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

INDONESIA

MEXICO

GHANA

UNITED KINGDOM

CANADA

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SARALUX LLC 260 MADISON AVENUE, 8TH FLOOR NEW YORK, NY 10016	INFO. TECHNOLOGY	493,643.
CHAINPOINT BV MR. EN VAN KLEFFENSSTRAAT 12 ARNHEM NETHERLANDS 6842 CV	INFO TECHNOLOGY	431,989.
CLOUD FOR GOOD LLC PO BOX 63231	INFO TECHNOLOGY	423,593.

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHARLOTTE, NC 28263-3231		
SWEET CONSTRUCTION GROUP LTD 5 HANOVER SQUARE, 5TH FLOOR NEW YORK, NY 10004	CONSTRUCTION	283,273.
MICROSOFT CORPORATION 1950 N STEMMONS FWY, SUITE 5010 DALLAS, TX 75207	INFO TECHNOLOGY	268,772.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING	4,070,035.	3,810,085.	214,062.	45,888.
TOTALS	<u>4,070,035.</u>	<u>3,810,085.</u>	<u>214,062.</u>	<u>45,888.</u>

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
EQUITY ETF	4,688.	5,116.	FMV
US TREASURY BILLS	10,895,986.		FMV
US FIXED INCOME		20,143,093.	FMV
US LARGE CAP EQUITY		6,510,066.	FMV
EAFE EQUITY		2,169,644.	FMV

Name of the organization RAINFOREST ALLIANCE, INC.	Employer identification number 13-3377893
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ATTACHMENT 5 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
GLOBAL EQUITY		2,379,376.	FMV
TOTALS	<u>10,900,674.</u>	<u>31,207,295.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RAINFOREST ALLIANCE MEXICO-ALIANZA 98-1051195 AV MAZATLAN N 66, COLONIA CDESA CIUDAD DE MEXICO, MX 0614	L&L	MX	1,950,623.	811,615.	RA
(2) RAINFOREST ALLIANCE LTD 98-1051166 GREEN HOUSE, CAMBRIDGE HEATH RD LONDON, UK E2 9DA	L&L/MARKETS	UK	1,933,077.	65,778.	RA
(3) RAINFOREST ALLIANCE (GHANA) 98-1051463 HSE NO. 36 ABOTSI STREET EAST IEGON, ACCRA, GH	L&L/RE CERT	GH	883,811.	44,389.	RA
(4) PT RAINFOREST ALLIANCE 98-1051106 JI BATURSARI NO.31, MEDURA DENPASAR SELATAN, BALI ID	RE CERT/L&L	ID	0.	1,141,128.	RA
(5) RAINFOREST ALLIANCE CANADA 98-1051454 285 MCLEOD STREET OTTAWA, ONTARIO CA K2P1A1	RA CERT	CA	0.	0.	RA
(6) RAINFOREST ALLIANCE TRADING LTD 98-1069583 GREEN HOUSE, CAMBRIDGE HEATH RD LONDON, UK E2 9DA	INACTIVE	UK	0.	0.	RA

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RAINFOREST ALLIANCE HOLDING, INC. 82-4110897 125 BOARD STREET, 9TH FLOOR NEW YORK, NY 10004	SUSTAINABILIT	DE	501 (C) (3)	7	N/A		X
(2) STICHTING RAINFOREST ALLIANCE DE RUYTERKADE 6 AMSTERDAM, NL 1013 AA	SUSTAINABILIT	NL			RA HOLDING		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
  - b** Gift, grant, or capital contribution to related organization(s) . . . . .
  - c** Gift, grant, or capital contribution from related organization(s) . . . . .
  - d** Loans or loan guarantees to or for related organization(s) . . . . .
  - e** Loans or loan guarantees by related organization(s) . . . . .
  - f** Dividends from related organization(s) . . . . .
  - g** Sale of assets to related organization(s) . . . . .
  - h** Purchase of assets from related organization(s) . . . . .
  - i** Exchange of assets with related organization(s) . . . . .
  - j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  - k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
  - l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
  - m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
  - n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
  - o** Sharing of paid employees with related organization(s) . . . . .
  - p** Reimbursement paid to related organization(s) for expenses . . . . .
  - q** Reimbursement paid by related organization(s) for expenses . . . . .
  - r** Other transfer of cash or property to related organization(s) . . . . .
  - s** Other transfer of cash or property from related organization(s) . . . . .

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
<b>(1)</b>	STICHTING RA	C	15,000,000.	FMV		X
<b>(2)</b>						X
<b>(3)</b>						X
<b>(4)</b>						X
<b>(5)</b>						X
<b>(6)</b>						X

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

(Rev. September 2020)

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)  
beginning 01/01/2020 , and ending 12/31/2020

Attachment  
Sequence No. **140**

Name of person filing this return RAINFOREST ALLIANCE, INC. Filer's identifying number 13-3377893

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
125 BROAD STREET, 9TH FLOOR

City or town, state, and ZIP code  
NEW YORK NY 10004

Filer's tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
		FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
------------	--------------------------	--------------	--------------------------	------------

<b>1a</b> Name and address of FDE or FB <u>PT RAINFOREST ALLIANCE JT BARUSARI NO. 31, MEDURA KOTA DENPASAR BALI 80228 INDONESIA</u>	<b>b(1)</b> U.S. identifying number, if any <u>98-1051106</u>
	<b>b(2)</b> Reference ID number (see instructions) <u>98-1051106A</u>

<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <u>INDONESIA</u>	<b>d</b> Date(s) of organization <u>08/23/2002</u>	<b>e</b> Effective date as FDE <u>08/23/2002</u>
---	---	---

<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <u>INDONESIA</u>	<b>h</b> Principal business activity <u>RA CERT/L&amp;L</u>	<b>i</b> Functional currency <u>IDR</u>
--	--	--	--

**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States <u>RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON 125 BROAD STREET, 9TH FLOOR NEW YORK NY 10004 13-3377893</u>	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different <u>RAINFOREST ALLIANCE SRL C.O PEPY TAN JT BARUSARI NO. 31, MEDURA 80228 KOTA DENPASAR BALI ID</u>
---	---

**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Annual accounting period covered by the return (see instructions)
	<b>c(1)</b> U.S. identifying number, if any
	<b>c(2)</b> Reference ID number (see instructions)
	<b>d</b> Country under whose laws organized

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized
	<b>c</b> U.S. identifying number, if any

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	334,664. 23.
10 Total income (add lines 3 through 9)	10	334,664. 23.
11 Total deductions (exclude income tax expense)	11	3,793,201,362. 260,312.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	-3,792,866,698. -260,289.

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3	
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	477,809.	303,601.
2 Other assets	2	963,944.	837,527.
3 Total assets	3	1,441,753.	1,141,128.
Liabilities and Owner's Equity			
4 Liabilities	4	12,625.	9,998.
5 Owner's equity	5	1,429,128.	1,131,130.
6 Total liabilities and owner's equity	6	1,441,753.	1,141,128.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>7a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .		
<b>9</b>	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<b>10a</b>	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss . . . . . ▶ \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). . . . . ▶ \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b>	If "Yes," enter the total amount of recapture . . . . . ▶ \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

<b>1</b>	Current year net income (loss) per foreign books of account . . . . .	<b>1</b>	3792866698
<b>2</b>	Total net additions . . . . .	<b>2</b>	
<b>3</b>	Total net subtractions . . . . .	<b>3</b>	
<b>4</b>	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	<b>4</b>	3792866698
<b>5</b>	DASTM gain (loss) (if applicable) . . . . .	<b>5</b>	
<b>6</b>	Combine lines 4 and 5. . . . .	<b>6</b>	3792866698
<b>7</b>	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) . . . . .	<b>7</b>	-260,289.
<b>8</b>	Enter exchange rate used for line 7 ▶ 14571.7600		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

	Yes	No
<b>1</b> Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 . . . . .		
<b>2</b> Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 . . . . .		
<b>3</b> Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 . . . . .		
<b>4</b> Enter the transferred loss amount included in gross income as required under section 91. See instructions . . . . .		<b>4</b>

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
<b>Totals</b>							

**SCHEDULE M  
(Form 8858)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities**

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.**

Name of person filing Form 8858 <b>RAINFOREST ALLIANCE, INC.</b>		Identifying number <b>13-3377893</b>	
Name of FDE or FB PT <b>RAINFOREST ALLIANCE</b>	U.S. identifying number, if any <b>98-1051106</b>	Reference ID number (see instructions) <b>98-1051106A</b>	
Name of tax owner		U.S. identifying number, if any	

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column Headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
<b>1</b> Sales of inventory . . . . .					
<b>2</b> Sales of property rights . . . . .					
<b>3</b> Compensation received for certain services . . . . .					
<b>4</b> Commissions received . . . . .					
<b>5</b> Rents, royalties, and license fees received. . . . .					
<b>6</b> Dividends/Distributions received					
<b>7</b> Interest received . . . . .					
<b>8</b> Other . . . . .					
<b>9</b> Add lines 1 through 8 . . . . .					
<b>10</b> Purchases of inventory . . . . .					
<b>11</b> Purchases of tangible property other than inventory . . . . .					
<b>12</b> Purchases of property rights . . . . .					
<b>13</b> Compensation paid for certain services . . . . .					
<b>14</b> Commissions paid . . . . .					
<b>15</b> Rents, royalties, and license fees paid . . . . .					
<b>16</b> Interest paid . . . . .					
<b>17</b> Add lines 10 through 16 . . . . .					
<b>18</b> Amounts borrowed (see instructions) . . . . .					
<b>19</b> Amounts loaned (see instructions) . . . . .					

Form **8858**

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

OMB No. 1545-1910

(Rev. September 2020)

► Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)  
beginning 01/01/2020 , and ending 12/31/2020

Attachment  
Sequence No. **140**

Name of person filing this return RAINFOREST ALLIANCE, INC. Filer's identifying number 13-3377893

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
125 BROAD STREET, 9TH

City or town, state, and ZIP code  
NEW YORK NY 10004

Filer's tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
		FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
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<b>1a</b> Name and address of FDE or FB <u>RAINFOREST ALLIANCE MEXICO - ALLIANZA AV. MAZATLAN 66, COLONIA CONDESA CIUDAD DE MEXICO MEXICO 06140</u>	<b>b(1)</b> U.S. identifying number, if any <u>98-1051195</u>
	<b>b(2)</b> Reference ID number (see instructions) <u>98-1051195A</u>

<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <u>MEXICO</u>	<b>d</b> Date(s) of organization <u>06/15/2005</u>	<b>e</b> Effective date as FDE <u>06/15/2005</u>
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<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <u>MEXICO</u>	<b>h</b> Principal business activity <u>L&amp;L</u>	<b>i</b> Functional currency <u>MXN</u>
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**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States <u>RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON 125 BROAD STREET, 9TH FLOOR NEW YORK NY 10004 13-3377893</u>	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different <u>RAINFOREST ALLIANCE MEXICO C/O CLARA GARCIA MAZATIAN 66, COL. CONDESA 06140 MEXICO CITY MX</u>
---	--

**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Annual accounting period covered by the return (see instructions)
	<b>c(1)</b> U.S. identifying number, if any
	<b>c(2)</b> Reference ID number (see instructions)
	<b>d</b> Country under whose laws organized

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized
	<b>c</b> U.S. identifying number, if any

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	41,894,020	1,950,623.
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)	41,894,020	1,950,623.
4 Dividends		
5 Interest		
6 Gross rents, royalties, and license fees		
7 Gross income from performance of services		
8 Foreign currency gain (loss)		
9 Other income	86,575	4,031.
10 Total income (add lines 3 through 9)	41,980,595	1,954,654.
11 Total deductions (exclude income tax expense)	37,857,474	1,762,678.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books	4,123,121	191,976.

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1 Remittances from the FDE or FB			
2 Section 987 gain (loss) recognized by recipient			
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)			
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>		
1 Cash and other current assets	615,179	684,013.
2 Other assets	82,741	127,602.
3 Total assets	697,920	811,615.
<b>Liabilities and Owner's Equity</b>		
4 Liabilities	67,111.	52,185.
5 Owner's equity	630,809	759,430.
6 Total liabilities and owner's equity	697,920	811,615.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>7a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .		
<b>9</b>	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<b>10a</b>	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss . . . . . ▶ \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). . . . . ▶ \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b>	If "Yes," enter the total amount of recapture . . . . . ▶ \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account . . . . .	1	4,123,121.
2	Total net additions . . . . .	2	
3	Total net subtractions . . . . .	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	4,123,121.
5	DASTM gain (loss) (if applicable) . . . . .	5	
6	Combine lines 4 and 5. . . . .	6	4,123,121.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) . . . . .	7	191,976.
8	Enter exchange rate used for line 7 ▶ . . . . .		21.4773

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

	Yes	No
1		
2		
3		
4		

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
<b>Totals</b>							

**SCHEDULE M  
(Form 8858)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities**

▶ **Attach to Form 8858.**

OMB No. 1545-1910

▶ **Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.**

Name of person filing Form 8858 <b>RAINFOREST ALLIANCE, INC.</b>		Identifying number <b>13-3377893</b>
Name of FDE or FB <b>RAINFOREST ALLIANCE ME</b>	U.S. identifying number, if any <b>98-1051195</b>	Reference ID number (see instructions) <b>98-1051195A</b>
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column Headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
<b>1</b> Sales of inventory . . . . .					
<b>2</b> Sales of property rights . . . . .					
<b>3</b> Compensation received for certain services . . . . .					
<b>4</b> Commissions received . . . . .					
<b>5</b> Rents, royalties, and license fees received. . . . .					
<b>6</b> Dividends/Distributions received					
<b>7</b> Interest received . . . . .					
<b>8</b> Other . . . . .					
<b>9</b> Add lines 1 through 8 . . . . .					
<b>10</b> Purchases of inventory . . . . .					
<b>11</b> Purchases of tangible property other than inventory . . . . .					
<b>12</b> Purchases of property rights . . . . .					
<b>13</b> Compensation paid for certain services . . . . .					
<b>14</b> Commissions paid . . . . .					
<b>15</b> Rents, royalties, and license fees paid . . . . .					
<b>16</b> Interest paid . . . . .					
<b>17</b> Add lines 10 through 16 . . . . .					
<b>18</b> Amounts borrowed (see instructions) . . . . .					
<b>19</b> Amounts loaned (see instructions) . . . . .					

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

(Rev. September 2020)

► Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)  
beginning 01/01/2020 , and ending 12/31/2020

Attachment  
Sequence No. **140**

Name of person filing this return **RAINFOREST ALLIANCE, INC.** Filer's identifying number **13-3377893**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)  
**125 BROAD STREET, 9TH FLOOR**

City or town, state, and ZIP code  
**NEW YORK NY 10004**

Filer's tax year beginning , and ending

**Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.**

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
		FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
------------	--------------------------	--------------	--------------------------	------------

<b>1a</b> Name and address of FDE or FB <b>RAINFOREST ALLIANCE GHANA</b> <b>HOUSE NO. 36, ABOTSI STREET</b> <b>EAST LEGON, ACCRA KA 9714</b> <b>GHANA</b>	<b>b(1)</b> U.S. identifying number, if any <b>98-1051463</b>
	<b>b(2)</b> Reference ID number (see instructions) <b>98-1051463A</b>

<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <b>GHANA</b>	<b>d</b> Date(s) of organization <b>03/16/2010</b>	<b>e</b> Effective date as FDE <b>03/16/2010</b>
---	---	---

<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <b>GHANA</b>	<b>h</b> Principal business activity <b>L&amp;L/RA CERT</b>	<b>i</b> Functional currency <b>USD</b>
--	--	--	--

**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States <b>RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON</b> <b>125 BROAD STREET, 9TH FLOOR</b> <b>NEW YORK NY 10004</b> <b>13-3377893</b>	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different <b>RAINFOREST ALLIANCE, INC. C/O ROBERT ODOM</b> <b>HOUSE NO. 36 ABOTSI STREET KA 9714</b> <b>EAST LEGON</b> <b>ACCRA GH</b>
---	--

**3** For the tax owner of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Annual accounting period covered by the return (see instructions)
	<b>c(1)</b> U.S. identifying number, if any
	<b>c(2)</b> Reference ID number (see instructions)
	<b>d</b> Country under whose laws organized <b>e</b> Functional currency

**4** For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized
	<b>c</b> U.S. identifying number, if any <b>d</b> Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	883,811.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	883,811.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	883,811.
11 Total deductions (exclude income tax expense)	11	883,811.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	23,479.	44,388.
2 Other assets	2		
3 Total assets	3	23,479.	44,388.
Liabilities and Owner's Equity			
4 Liabilities	4	148,451.	169,360.
5 Owner's equity	5	-124,972.	-124,972.
6 Total liabilities and owner's equity	6	23,479.	44,388.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>7a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .		
<b>9</b>	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<b>10a</b>	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss . . . . . ▶ \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). . . . . ▶ \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b>	If "Yes," enter the total amount of recapture . . . . . ▶ \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account . . . . .	1	
2	Total net additions . . . . .	2	
3	Total net subtractions . . . . .	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	
5	DASTM gain (loss) (if applicable) . . . . .	5	
6	Combine lines 4 and 5. . . . .	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) . . . . .	7	
8	Enter exchange rate used for line 7 ▶		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 . . . . .		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 . . . . .		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 . . . . .		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions . . . . .	4	

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
<b>Totals</b>							

**SCHEDULE M  
(Form 8858)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities**

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.**

Name of person filing Form 8858 <b>RAINFOREST ALLIANCE, INC.</b>		Identifying number <b>13-3377893</b>
Name of FDE or FB <b>RAINFOREST ALLIANCE GH</b>	U.S. identifying number, if any <b>98-1051463</b>	Reference ID number (see instructions) <b>98-1051463A</b>
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column Headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
<b>1</b> Sales of inventory . . . . .					
<b>2</b> Sales of property rights . . . . .					
<b>3</b> Compensation received for certain services . . . . .					
<b>4</b> Commissions received . . . . .					
<b>5</b> Rents, royalties, and license fees received. . . . .					
<b>6</b> Dividends/Distributions received					
<b>7</b> Interest received . . . . .					
<b>8</b> Other . . . . .					
<b>9</b> Add lines 1 through 8 . . . . .					
<b>10</b> Purchases of inventory . . . . .					
<b>11</b> Purchases of tangible property other than inventory . . . . .					
<b>12</b> Purchases of property rights . . . . .					
<b>13</b> Compensation paid for certain services . . . . .					
<b>14</b> Commissions paid . . . . .					
<b>15</b> Rents, royalties, and license fees paid . . . . .					
<b>16</b> Interest paid . . . . .					
<b>17</b> Add lines 10 through 16 . . . . .					
<b>18</b> Amounts borrowed (see instructions) . . . . .					
<b>19</b> Amounts loaned (see instructions) . . . . .					

Form **8858**

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

OMB No. 1545-1910

(Rev. September 2020)

► Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 01/01/2020, and ending 12/31/2020

Attachment  
Sequence No. **140**

Name of person filing this return RAINFOREST ALLIANCE, INC. Filer's identifying number 13-3377893

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

125 BROAD STREET, 9TH FLOOR

City or town, state, and ZIP code

NEW YORK NY 10004

Filer's tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
		FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
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<b>1a</b> Name and address of FDE or FB <u>RAINFOREST ALLIANCE, LTD. UK</u> <u>THE GREEN HOUSE, CAMBRIDGE HEATH RD</u> <u>LONDON E2 9DA</u> <u>UNITED KINGDOM</u>	<b>b(1)</b> U.S. identifying number, if any <u>98-1051166</u>
	<b>b(2)</b> Reference ID number (see instructions) <u>98-1051166A</u>

<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law <u>UNITED KINGDOM</u>	<b>d</b> Date(s) of organization <u>02/26/2010</u>	<b>e</b> Effective date as FDE <u>02/26/2010</u>
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<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <u>UNITED KINGDOM</u>	<b>h</b> Principal business activity <u>L&amp;L/MARKETS</u>	<b>i</b> Functional currency <u>GBP</u>
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**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States <u>RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON</u> <u>125 BROAD STREET, 9TH FLOOR</u> <u>NEW YORK NY 10004</u> <u>13-3377893</u>	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different <u>RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON</u> <u>THE GREEN HOUSE, CAMBRIDGE HEATH RD E2 9DA</u> <u>LONDON</u> <u>ENGLAND UK</u>
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**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Annual accounting period covered by the return (see instructions)	
	<b>c(1)</b> U.S. identifying number, if any	
	<b>c(2)</b> Reference ID number (see instructions)	
	<b>d</b> Country under whose laws organized	<b>e</b> Functional currency

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized	
	<b>c</b> U.S. identifying number, if any	<b>d</b> Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions. Form **8858** (Rev. 9-2020)

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM.  
 If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1,507,425.	1,933,077.
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)	1,507,425.	1,933,077.
4 Dividends		
5 Interest		
6 Gross rents, royalties, and license fees		
7 Gross income from performance of services		
8 Foreign currency gain (loss)		
9 Other income		
10 Total income (add lines 3 through 9)	1,507,425.	1,933,077.
11 Total deductions (exclude income tax expense)	1,507,425.	1,933,077.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books		

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1 Remittances from the FDE or FB			
2 Section 987 gain (loss) recognized by recipient			
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)			
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>		
1 Cash and other current assets	87,763.	65,778.
2 Other assets	25,423.	
3 Total assets	113,186.	65,778.
<b>Liabilities and Owner's Equity</b>		
4 Liabilities	113,186.	65,778.
5 Owner's equity		
6 Total liabilities and owner's equity	113,186.	65,778.

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>7a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .		
<b>9</b>	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<b>10a</b>	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss. . . . . ▶ \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). . . . . ▶ \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b>	If "Yes," enter the total amount of recapture. . . . . ▶ \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account . . . . .	1	
2	Total net additions . . . . .	2	
3	Total net subtractions . . . . .	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	
5	DASTM gain (loss) (if applicable) . . . . .	5	
6	Combine lines 4 and 5. . . . .	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) . . . . .	7	
8	Enter exchange rate used for line 7 ▶ 1.3427		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 . . . . .		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 . . . . .		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 . . . . .		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions . . . . .		4

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
<b>Totals</b>							

**SCHEDULE M  
(Form 8858)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities**

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.**

Name of person filing Form 8858 <b>RAINFOREST ALLIANCE, INC.</b>		Identifying number <b>13-3377893</b>
Name of FDE or FB <b>RAINFOREST ALLIANCE, L</b>	U.S. identifying number, if any <b>98-1051166</b>	Reference ID number (see instructions) <b>98-1051166A</b>
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column Headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
<b>1</b> Sales of inventory . . . . .					
<b>2</b> Sales of property rights . . . . .					
<b>3</b> Compensation received for certain services . . . . .					
<b>4</b> Commissions received . . . . .					
<b>5</b> Rents, royalties, and license fees received . . . . .					
<b>6</b> Dividends/Distributions received					
<b>7</b> Interest received . . . . .					
<b>8</b> Other . . . . .					
<b>9</b> Add lines 1 through 8 . . . . .					
<b>10</b> Purchases of inventory . . . . .					
<b>11</b> Purchases of tangible property other than inventory . . . . .					
<b>12</b> Purchases of property rights . . . . .					
<b>13</b> Compensation paid for certain services . . . . .					
<b>14</b> Commissions paid . . . . .					
<b>15</b> Rents, royalties, and license fees paid . . . . .					
<b>16</b> Interest paid . . . . .					
<b>17</b> Add lines 10 through 16 . . . . .					
<b>18</b> Amounts borrowed (see instructions) . . . . .					
<b>19</b> Amounts loaned (see instructions) . . . . .					

Form **8858**

**Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

OMB No. 1545-1910

(Rev. September 2020)

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)  
beginning 01/01/2020 , and ending 12/31/2020

Attachment  
Sequence No. **140**

Name of person filing this return RAINFOREST ALLIANCE, INC. Filer's identifying number 13-3377893

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

125 BROAD ST, 9TH FLOOR

City or town, state, and ZIP code

NEW YORK NY 10004

Filer's tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
		FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
------------	--------------------------	--------------	--------------------------	------------

<b>1a</b> Name and address of FDE or FB <u>RAINFOREST ALLIANCE TRADING, LTD. UK</u> <u>THE GREEN HOUSE, CAMBRIDGE HEATH RD</u> <u>LONDON E2 9DA</u> <u>UNITED KINGDOM</u>	<b>b(1)</b> U.S. identifying number, if any <u>98-1069583</u>
	<b>b(2)</b> Reference ID number (see instructions) <u>98-1069583A</u>

<b>c</b> For FDE, country(ies) under whose laws organized and entity type under local tax law	<b>d</b> Date(s) of organization <u>05/31/2011</u>	<b>e</b> Effective date as FDE <u>05/31/2011</u>
---	---	---

<b>f</b> If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	<b>g</b> Country in which principal business activity is conducted <u>UNITED KINGDOM</u>	<b>h</b> Principal business activity <u>INACTIVE</u>	<b>i</b> Functional currency <u>GBP</u>
--	---	---	--

**2** Provide the following information for the FDE's or FB's accounting period stated above.

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States <u>RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON</u> <u>125 BROAD STREET, 9TH FLOOR</u> <u>NEW YORK NY 10004</u> <u>13-3377893</u>	<b>b</b> Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different <u>RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON</u> <u>THE GREEN HOUSE, CAMBRIDGE HEATH RD E2 9DA</u> <u>LONDON UK</u>
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**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Annual accounting period covered by the return (see instructions)	
	<b>c(1)</b> U.S. identifying number, if any	
	<b>c(2)</b> Reference ID number (see instructions)	
	<b>d</b> Country under whose laws organized	<b>e</b> Functional currency

**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

<b>a</b> Name and address	<b>b</b> Country under whose laws organized	
	<b>c</b> U.S. identifying number, if any	<b>d</b> Functional currency

**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?		Yes	No
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>		
1 Cash and other current assets	1	
2 Other assets	2	
3 Total assets	3	
<b>Liabilities and Owner's Equity</b>		
4 Liabilities	4	
5 Owner's equity	5	
6 Total liabilities and owner's equity	6	

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>7a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .		
<b>9</b>	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<b>10a</b>	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss . . . . . ▶ \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). . . . . ▶ \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b>	If "Yes," enter the total amount of recapture . . . . . ▶ \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account . . . . .	1	
2	Total net additions . . . . .	2	
3	Total net subtractions . . . . .	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	
5	DASTM gain (loss) (if applicable) . . . . .	5	
6	Combine lines 4 and 5. . . . .	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) . . . . .	7	
8	Enter exchange rate used for line 7 ▶		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 . . . . .		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 . . . . .		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 . . . . .		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions . . . . .	4	

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
<b>Totals</b>							

**SCHEDULE M  
(Form 8858)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities**

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.**

Name of person filing Form 8858 <b>RAINFOREST ALLIANCE, INC.</b>		Identifying number <b>13-3377893</b>
Name of FDE or FB <b>RAINFOREST ALLIANCE TR</b>	U.S. identifying number, if any <b>98-1069583</b>	Reference ID number (see instructions) <b>98-1069583A</b>
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a *separate* Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column Headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
<b>1</b> Sales of inventory . . . . .					
<b>2</b> Sales of property rights . . . . .					
<b>3</b> Compensation received for certain services . . . . .					
<b>4</b> Commissions received . . . . .					
<b>5</b> Rents, royalties, and license fees received. . . . .					
<b>6</b> Dividends/Distributions received					
<b>7</b> Interest received . . . . .					
<b>8</b> Other . . . . .					
<b>9</b> Add lines 1 through 8 . . . . .					
<b>10</b> Purchases of inventory . . . . .					
<b>11</b> Purchases of tangible property other than inventory . . . . .					
<b>12</b> Purchases of property rights . . . . .					
<b>13</b> Compensation paid for certain services . . . . .					
<b>14</b> Commissions paid . . . . .					
<b>15</b> Rents, royalties, and license fees paid . . . . .					
<b>16</b> Interest paid . . . . .					
<b>17</b> Add lines 10 through 16 . . . . .					
<b>18</b> Amounts borrowed (see instructions) . . . . .					
<b>19</b> Amounts loaned (see instructions) . . . . .					

Form **8858****Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)**

OMB No. 1545-1910

(Rev. September 2020)

▶ Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning 07/01/2019 , and ending 06/30/2020

Attachment  
Sequence No. **140**

Name of person filing this return

RAINFOREST ALLIANCE, INC.

Filer's identifying number

13-3377893

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

125 BROAD STREET, 9TH FLOOR

City or town, state, and ZIP code

NEW YORK

NY 10004

Filer's tax year beginning

, and ending

**Important:** Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	<input checked="" type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input type="checkbox"/>	FDE of a controlled foreign partnership
	<input type="checkbox"/>	FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here Initial 8858 Final 8858

**1a** Name and address of FDE or FB RAINFOREST ALLIANCE CANADA

285 MCLEOD STREET

OTTAWA

ONTARIO

K291A1

CANADA

**b(1)** U.S. identifying number, if any

98-1051454

**b(2)** Reference ID number (see instructions)

98-1051454A

**c** For FDE, country(ies) under whose laws organized and entity type under local tax law

CANADA

**d** Date(s) of organization

02/26/2009

**e** Effective date as FDE

02/26/2009

**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number**g** Country in which principal business activity is conducted

CANADA

**h** Principal business activity

RA CERT

**i** Functional currency

CAD

**2** Provide the following information for the FDE's or FB's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any) in the United StatesRAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON  
125 BROAD STREET, 9TH FLOOR  
NEW YORK NY 10004  
13-3377893**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if differentRAINFOREST ALLIANCE, INC C/O SUSANNA LEHMAN  
285 MCLEOD STREET K291A1  
OTTAWA  
ONTARIO CA**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):**a** Name and address**b** Annual accounting period covered by the return (see instructions)**c(1)** U.S. identifying number, if any**c(2)** Reference ID number (see instructions)**d** Country under whose laws organized**e** Functional currency**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):**a** Name and address**b** Country under whose laws organized**c** U.S. identifying number, if any**d** Functional currency**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2020)

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**Schedule C Income Statement** (see instructions)

**Important:** Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	5,384
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	-5,384

**Schedule C-1 Section 987 Gain or Loss Information**

**Note:** See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1 Remittances from the FDE or FB	1		
2 Section 987 gain (loss) recognized by recipient	2		
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3		
4 Were all remittances from the FDE or FB treated as made to the direct owner?			
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting			

**Schedule F Balance Sheet**

**Important:** Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

	(a) Beginning of annual accounting period	(b) End of annual accounting period
<b>Assets</b>		
1 Cash and other current assets	1 39,350	37,876
2 Other assets	2 282,765	7,756
3 Total assets	3 322,115	45,632
<b>Liabilities and Owner's Equity</b>		
4 Liabilities	4 2,061,270	4,438,425
5 Owner's equity	5 -1,739,155	-4,392,793
6 Total liabilities and owner's equity	6 322,115	45,632

**Schedule G Other Information**

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year: Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		

**Schedule G** Other Information (continued)

		Yes	No
<b>6a</b>	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>7a</b>	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c . . . . .		X
<b>b</b>	Enter the total amount of the base erosion payments \$ _____		
<b>c</b>	Enter the total amount of the base erosion tax benefit \$ _____		
<b>8</b>	Is the FDE or FB a qualified business unit as defined in section 989(a)? . . . . .		
<b>9</b>	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch? . . . . .		
<b>10a</b>	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
<b>b</b>	If "Yes," enter the amount of the dual consolidated loss . . . . . ▶ \$ ( _____ )		
<b>11a</b>	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c . . . . .		
<b>b</b>	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ ( _____ )		
<b>c</b>	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). . . . . ▶ \$ _____		
<b>12a</b>	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13 . . . . .		
<b>b</b>	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d . . . . .		
<b>c</b>	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a . . . . .		
<b>d</b>	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e . . . . .		
<b>e</b>	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ . See instructions.		
<b>13a</b>	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years? . . . . .		
<b>b</b>	If "Yes," enter the total amount of recapture . . . . . ▶ \$ _____ . See instructions.		

**Schedule H Current Earnings and Profits or Taxable Income** (see instructions)

**Important:** Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account . . . . .	1	-5,384.
2	Total net additions . . . . .	2	
3	Total net subtractions . . . . .	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	-5,384.
5	DASTM gain (loss) (if applicable) . . . . .	5	
6	Combine lines 4 and 5. . . . .	6	-5,384.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) . . . . .	7	-4,014.
8	Enter exchange rate used for line 7 ▶ 1.3412		

**Schedule I Transferred Loss Amount** (see instructions)

**Important:** See instructions for who has to complete this section.

		Yes	No
1	Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2 . . . . .		
2	Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3 . . . . .		
3	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4 . . . . .		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions . . . . .		4

**Schedule J Income Taxes Paid or Accrued** (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
<b>Totals</b>							

**SCHEDULE M  
(Form 8858)**

(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

**Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities**

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to [www.irs.gov/Form8858](http://www.irs.gov/Form8858) for instructions and the latest information.**

Name of person filing Form 8858 <b>RAINFOREST ALLIANCE, INC.</b>		Identifying number <b>13-3377893</b>
Name of FDE or FB <b>RAINFOREST ALLIANCE CA</b>	U.S. identifying number, if any <b>98-1051454</b>	Reference ID number (see instructions) <b>98-1051454A</b>
Name of tax owner		U.S. identifying number, if any

**Important:** Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

**Column Headings.** This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input type="checkbox"/> <b>Controlled Foreign Partnership</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> <b>Controlled Foreign Corporation</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> <b>U.S. Tax Owner</b> (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
<b>1</b> Sales of inventory . . . . .					
<b>2</b> Sales of property rights . . . . .					
<b>3</b> Compensation received for certain services . . . . .					
<b>4</b> Commissions received . . . . .					
<b>5</b> Rents, royalties, and license fees received. . . . .					
<b>6</b> Dividends/Distributions received					
<b>7</b> Interest received . . . . .					
<b>8</b> Other . . . . .					
<b>9</b> Add lines 1 through 8 . . . . .					
<b>10</b> Purchases of inventory . . . . .					
<b>11</b> Purchases of tangible property other than inventory . . . . .					
<b>12</b> Purchases of property rights . . . . .					
<b>13</b> Compensation paid for certain services . . . . .					
<b>14</b> Commissions paid . . . . .					
<b>15</b> Rents, royalties, and license fees paid . . . . .					
<b>16</b> Interest paid . . . . .					
<b>17</b> Add lines 10 through 16 . . . . .					
<b>18</b> Amounts borrowed (see instructions) . . . . .					
<b>19</b> Amounts loaned (see instructions) . . . . .					