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

Form **990** 

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

OMB No. 1545-0047
2022

Open to Public Inspection

▶ 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.

A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization B Check if applicable: RAINFOREST ALLIANCE, INC 13-3377893 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 27 EAST 28TH STREET, 8TH FLOOR (212)677-1900Initial return City or town, state or province, country, and ZIP or foreign postal code Amended G Gross receipts \$ NEW YORK, NY 10016 85,962,621 return Application pending Is this a group return for F Name and address of principal officer: ADAM COX Yes Χ Nο subordinates' 27 EAST 28TH STREET, 8TH FLOOR, Yes No NEW YORK, NY 10016 H(b) Are all subordinates included? Tax-exempt status: If "No," attach a list. (see instructions) X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or WWW.RAINFOREST-ALLIANCE.ORG Website: H(c) Group exemption number Form of organization: X | Corporation L Year of formation: 1987 M State of legal domicile: NY Summary 1 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 Governance TRANSFORMING HOW LAND IS USED, PRODUCTION OF GOODS & CONSUMER CHOICES. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 2.2 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 22 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 124 Total number of volunteers (estimate if necessary) 6 22 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE **b** Net unrelated business taxable income from Form 990-T, line 34 NONE **Current Year** Contributions and grants (Part VIII, line 1h) 28,183,079. 26,261,802 **COPY FOR** Program service revenue (Part VIII, line 2g) 26,750,028 55,768,343. PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,775,330 390,625. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,255 -27,838.Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 54,800,415. 84,314,209. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 8,073,606 23,544,542. Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 21,492,714 24,931,568. 16a Professional fundraising fees (Part IX, column (A), line 11e) 185,385. 243,134 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_ \_ \_ 2,840,083. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,052,653 21,269,825. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 43,862,107 69,931,320. 19 Revenue less expenses. Subtract line 18 from line 12 10,938,308 14,382,889. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 72,175,035 86,086,901. 14,3<u>97,270</u> <u>19,</u>213,928. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20, 57,777,765 66,872,973. 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. 11/15/2023 Sign Signature of officer Here AM COX CFO Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed RICHARD L RUVELSON RICHARD L RUVELSON 11/15/2023 P00234075 Preparer Firm's name ► WITHUMSMITH+BROWN, PC 22-2027092 Firm's FIN Use Only Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, 301-272-6000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2022) For Paperwork Reduction Act Notice, see the separate instructions.

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_	Check if Schedule O contains a response or note to any line in this Part III
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 X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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 \$ 41,944,604. including grants of \$ 22,193,905. ) (Revenue \$ 31,752. )
	LANDSCAPES AND COMMUNITIES (SEE SCHEDULE O)
4b	(Code:) (Expenses \$13,797,002. including grants of \$1,350,637. ) (Revenue \$55,768,343. )
	MARKETS TRANSFORMATION (SEE SCHEDULE 0)
4с	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

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Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• • •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		TIE	Λ	
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		3.7	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
00	Did the approximation property areas then OF 000 of greate or other positions to be for deposition in dividuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	v	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22	Х	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·		24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.7
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ J0	Λ	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Concadio C Contains a response of note to any line in this fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 124			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
h	If "Yes," enter the name of the foreign country  SEE SCHEDULE O			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

	90 (2022) RAINFOREST ALLIANCE, INC. 13-337  VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below			age <b>6</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	on A. Governing Body and Management			Λ
3601	on A. Governing body and management		Yes	No
4-	Enter the number of voting members of the governing body at the end of the tay year 1a 22			
па	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	40.		
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	425	37	
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	v	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
L	with a taxable entity during the year?	· oa		21
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	SEE	SCHEDULE (
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- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Own website Another's website X Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ADAM COX 27 EAST 28TH STREET, 8TH FLOOR NEW YORK, NY 10016

Form **990** (2022)

212-677-1900 JSA

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SANTIAGO GOWLAND	40.00									
CHIEF EXECUTIVE OFFICER	NONE			Х				430,794.	NONE	72,173.
(2) ALIK ODINGA HINCKSON	40.00			25				130,751.	INOINE	12,113.
CFO (THRU 9/20/2022)	NONE			х				265,364.	NONE	28,160.
(3) ALEX H MORGAN	40.00							,	_	, , , , , , , , , , , , , , , , , , , ,
CHIEF GLOBAL ENGAGEMENT	NONE				X			255,402.	NONE	24,127.
(4) JACQUELYN PETERS LEVY	40.00									
SENIOR DIR, GLOBAL ACCOUNTING	NONE					Х		177,404.	NONE	49,073.
(5) MOLLY STARK	40.00									
GENERAL COUNSEL & SECRETARY	NONE			Х				214,630.	NONE	10,648.
(6) HELEEN S.	40.00									
CPO	NONE				Х			215,355.	NONE	NONE
(7) APARAJITA BHALLA	40.00									
CHIEF DEVELOPMENT OFFICER	NONE				Х			202,229.	NONE	5,833.
(8) MARIA SALINAS	40.00									
DIRECTOR, GLOBAL FINANCE	NONE					X		141,947.	NONE	49,023.
(9) RUSSELL ECKENROD	40.00									
DEPUTY GENERAL COUNSEL	NONE					X		149,192.	NONE	11,036.
(10) JEFFREY ROY CRUZ	40.00									
CONTROLLER	NONE					X		140,517.	NONE	18,436.
(11) JEFFREY MILDER	40.00									
DIR, GLOBAL POLICY & STRATEGY	NONE					X		147,880.	NONE	9,197.
(12) DANIEL ROGER KATZ	1.00									
DIRECTOR, BOARD CHAIR	1.00	Х		Х				NONE	NONE	NONE
(13) ANTONIUS VAN DER LAAN	1.00									
DIRECTOR, VICE CHAIR	1.00	X		Х				NONE	NONE	NONE
(14) PETER MARTIN SCHULTE	1.00									
DIRECTOR, TREASURER	1.00	X		Х				NONE	NONE	NONE

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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	box,	not ch unles er and	s pers	ition more than one erson is both an lirector/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) LABEEB MAKRAM ABBOUD DIRECTOR	1.00	Х						NONE	NONE	NONE
16) TASSO REZENDE DE AZEVEDO DIRECTOR	1.00	Х						NONE	NONE	NONE
( 17) VANUSIA M. CARNEIRO NOGUEIRA DIRECTOR ( 18) SONILA ALICE COOK	1.00	Х		$\perp$				NONE	NONE	NONE
DIRECTOR  19) DANIEL JAN COUVREUR	$\frac{1.00}{1.00}$	Х						NONE	NONE	NONE
DIRECTOR  20) WENDY GORDON ROCKEFELLER	1.00	Х						NONE	NONE	NONE
DIRECTOR 21) NINA HAASE	1.00	Х		+				NONE	NONE	NONE
DIRECTOR 22) MARILU HERNANDEZ DE BOSOMS	1.00	Х						NONE	NONE	NONE
DIRECTOR  23) DANIEL LOUIS HOUSER	1.00	X						NONE		
DIRECTOR  24) PETER HANS LEHNER	$\frac{1.00}{1.00}$	X						NONE		
DIRECTOR  25) NALIN KUMAR MIGLANI  DIRECTOR	$\begin{array}{r} 1.00 \\ -1.00 \\ 1.00 \end{array}$	X						NONE		
1b Sub-total c Total from continuation sheets to Part VII, S							<b>&gt;</b>	2,340,714. NONE	NONE	277,706.
d Total (add lines 1b and 1c)	limited to t		listed	d ab		e) who	► o re	2,340,714. ceived more than	NONE \$100,000 of	277,706.
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo				e, k	кеу е				Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of repeater than	oortab \$15	le c 50,00	omp 00?	oen: <i>If</i>	satior <i>"Ye</i> s	n ar	nd other compens	sation from the le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	n fr	rom	any	uni	related organization	on or individual	5
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 ▶

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_	rm 990 (2022)										Page 8
ŀ	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per	(do ı	not c	Pos	C) sition more	e than c	one	(D)  Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
		week (list any hours for related organizations below dotted line)					is tor/trul Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
_2	6) JUAN ESTEBAN ORDUZ TRUJILLO	1.00									
_	IRECTOR	1.00	X						NONE	NONE	NON:
	7) ANURAG PRIYADARSHI	1.00	-								
_	DIRECTOR	1.00	X						NONE	NONE	NON
	8) ERIC B ROTHENBERG	1.00							17017	110117	37037
	OL ANIGHA DUGUDIKA DATADAKSE	1.00	X						NONE	NONE	NON
	9) ANISHA PUSHPIKA RAJAPAKSE	$\frac{1.00}{1.00}$	X						NONE	NONE	NON
	0) PAUL RUBACHA	1.00							NOINE	NONE	IVOIN.
	PIRECTOR	1.00	X						NONE	NONE	NON
	1) KERRI ANNE SMITH	1.00	1						110112	110112	11011
		1.00	X						NONE	NONE	NON
3	2) ANNEMIEKE WIJN	1.00									
I	PIRECTOR	1.00	Х						NONE	NONE	NON:
	3) SARAH JANE DIRECTOR	1.00	Х						NONE	NONE	NON
			-								
1	b Sub-total	ection A						<b>&gt;</b>			
2	d Total (add lines 1b and 1c)  Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 of	
_	reportable compensation from the organization										Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schede										3 X
4	For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	. It	"Yes	5,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You										5 X
_	Section B. Independent Contractors										
1	Complete this table for your five highest comcompensation from the organization. Report of year.										

(A) SEE SCHEDULE O 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 ► 18 18

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## Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c	50,883.				
fts, r A	d	Related organizations					
igi	е	Government grants (contributions) 1e	17,808,860.				
ns, Sir	f	All other contributions, gifts, grants,					
er (	-	and similar amounts not included above . 1f	10,323,336.				
t p	<b>a</b>	Noncash contributions included in	.,,				
Contr and C	g	lines 1a-1f 1g	<b>\$</b> 19,575.				
a G	h	Total. Add lines 1a-1f		28,183,079.			
		Total Add in Co Ta Ti	Business Code				
e		CONTRACT INCOME	541900	4,045,964.	4,045,964.		
ا کے	2a	PARTICIPATION AGREEMENT REVENUE/ROYALTIE	541900	51,722,379.	51,722,379.		
Ser	b	PARTICIPATION AGREEMENT REVENUE/ROTALITE	341900	51,722,379.	31,722,379.		
Z E	С						
gra Re	d						
Program Service Revenue	е						
ц.	f	All other program service revenue		55 560 242			
	g	Total. Add lines 2a-2f		55,768,343.			
	3	Investment income (including dividends,	•	641 550			641 550
	_	other similar amounts)		641,559.			641,559.
	4	Income from investment of tax-exempt bond	•	NONE			
	5	Royalties	(ii) Personal	NONE			
	_		(II) Feisoriai				
	6a	Gross rents 6a 1,314,063.					
	b	Less: rental expenses 6b 1,314,063.					
	С	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 19,575.					
ne	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 19,575.	250,934.				
Re	С	Gain or (loss)	-250,934.				
eľ	d	Net gain or (loss)		-250,934.			-250,934.
Other	8a	Gross income from fundraising					
•		events (not including \$50,883.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	4,250.				
	b	Less: direct expenses 8b	63,840.				
	С	Net income or (loss) from fundraising events		-59,590.			-59,590.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
eo e	11a	MISCELLANEOUS INCOME	900099	31,752.	31,752.		
Miscellaneous Revenue	b						
es Se^	С						
Ais F	d	All other revenue					
_	е	Total. Add lines 11a-11d		31,752.			
	12	Total revenue See instructions		84 314 209	55 800 095		331 035

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### 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								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	1,771,444.	1,771,444.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	10,000.	10,000.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
	foreign individuals. See Part IV, lines 15 and 16	21,763,098.	21,763,098.						
	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,								
	trustees, and key employees	1,558,035.	488,468.	867,345.	202,222				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	NONE	10 100 001	2 724 222					
	Other salaries and wages	16,591,521.	12,693,296.	2,536,203.	1,362,022.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	513,774.	373,147.	96,347.	44,280				
9	Other employee benefits	4,634,260.	3,365,797.	869,053.	399,410				
10	Payroll taxes	1,633,978.	1,186,735.	306,416.	140,827				
11	Fees for services (nonemployees):								
а	Management	NONE							
b	Legal	237,720.	47,225.	192,817.	-2,322				
C	Accounting	32,297.	27,355.	3,729.	1,213				
	Lobbying	12,073.	12,073.						
	Professional fundraising services. See Part IV, line 17.	185,385.			185,385				
	Investment management fees	111,421.		111,421.					
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O	E 60E 131	0.067.000	10 015				
	(A), amount, list line 11g expenses on Schedule O.)	8,642,415.	5,685,131.	2,967,299.	-10,015				
	Advertising and promotion	560,421.	450,724.	14,120. 250,886.	95,577				
	Office expenses	1,598,411.	1,286,255. 484,970.	1,971,765.	61,270				
	Information technology	2,439,220. NONE	404,970.	1,9/1,/05.	-17,515				
	Royalties	960,718.	742,396.	155,386.	62,936				
	Occupancy	3,008,555.	2,604,659.	347,909.	55,987				
	Travel	3,000,333.	2,001,037.	347,505.	33,701				
	for any federal, state, or local public officials	NONE							
19	Conferences, conventions, and meetings	NONE							
	Interest	NONE							
	Payments to affiliates	NONE							
	Depreciation, depletion, and amortization	601,791.	175,102.	409,245.	17,444				
	Insurance	377,992.	47,142.	334,352.	-3,502				
	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.)								
а	TRAININGS/WORKSHOPS	1,623,522.	1,599,433.	19,152.	4,937				
b	MEMBERSHIP/DUES/SUBSCRIPTION	290,278.	130,158.	134,704.	25,416				
c	BAD DEBT EXPENSE	299,785.	299,703.	82.					
d	SPECIAL EVENT COSTS	109,107.			109,107				
е	All other expenses	364,099.	497,295.	-238,600.	105,404				
	Total functional expenses. Add lines 1 through 24e	69,931,320.	55,741,606.	11,349,631.	2,840,083				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		x
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	14,520,182.	1	18,935,399.
	2	Savings and temporary cash investments	11,584.	2	11,033.
	3	Pledges and grants receivable, net	5,997,484.	3	7,660,473.
	4	Accounts receivable, net	7,759,781.	4	19,114,849.
	5	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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE		NONE
Ą	9	Prepaid expenses and deferred charges	2,363,289.	9	2,259,777.
	_	Land, buildings, and equipment: cost or other	, ,		, ,
		basis. Complete Part VI of Schedule D 10a 3,197,388.			
	b	Less: accumulated depreciation	1,386,929.	10c	776,057.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	37,539,271.	11	32,459,659.
	12	Investments - other securities. See Part IV, line 11	28,121.	12	20,926.
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	2,568,394.	15	4,848,728.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	72,175,035.	16	86,086,901.
	17	Accounts payable and accrued expenses	6,060,969.	17	9,434,454.
	18		6,782,097.	18	6,590,038.
	19	Grants payable	1,200,109.	19	984,104.
	20		NONE		NONE
	21	Tax-exempt bond liabilities	NONE		NONE
"	22	Loans and other payables to any current or former officer, director,	NONE	21	NOINE
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	22	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	23 24				NONE
		Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	NONE	24	NONE
	25	, ,			
		parties, and other liabilities not included on lines 17-24). Complete Part X	254 005	0.5	2 205 222
	20	of Schedule D	354,095.		2,205,332.
	26	Total liabilities. Add lines 17 through 25	14,397,270.	26	19,213,928.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	E2 046 400	27	EQ 704 100
Bal	28	Net assets with donor restrictions.	52,046,498. 5,731,267.	28	59,794,198. 7,078,775.
Б	20	Organizations that do not follow FASB ASC 958, check here	5,731,207.	20	7,076,775.
Ī		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4 SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	57,777,765.	32	66,872,973.
Ž	33	Total liabilities and net assets/fund balances	72,175,035.	33	86,086,901.
_			, -,		Form <b>990</b> (2022)

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	· · · · · · · · · · · · · · · · · · ·					
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	4,3	314,	<u> 209</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>31,</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			82,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u> 765</u>
5	Net unrealized gains (losses) on investments	5	_	5,6	25,	<u>443</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		3	<u>37,</u>	<u> 762</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	6	6,8	372 <u>,</u>	<u>973</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	ĸplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits		3b	X	1

#### SCHEDULE A (Form 990)

## **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 for instructions and the latest information.

omb No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number RAINFOREST ALLIANCE, INC. 13-3377893

Pa		Reason for Public Ch					,	IS.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ection 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)					
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ntal unit described in
	_	section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	•				,,,,,,,,	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe						
9		An agricultural research org						
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	331/3 % of its
11		An organization organized	•	•	-			
12		An organization organized a	•	•			•	
		one or more publicly suppo						
		the box on lines 12a throug						
а		<b>Type I.</b> A supporting orga	•	•			. , ,	
		the supported organization				ajority of	f the directors or truste	es of the
		$_{\_}$ supporting organization. $ ho$	-					
b		<b>Type II.</b> A supporting org	•					. , .
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	•					
С			- : :					ly integrated with,
		its supported organization	. , .	•				(
d		Type III non-functionally			-			
		that is not functionally inte	-		-		•	an attentiveness
_		requirement (see instruct	•	-				I Time III
е		_ Check this box if the orga					* * * * * * * * * * * * * * * * * * * *	і, туре ііі
f	Fn	functionally integrated, or ter the number of supported	• •			•	uon.	
u		ovide the following information	•					
_ 9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	( )	3	( )	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
					163	110		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,134,969.	25,668,163.	30,390,804.	26,261,802.	28,183,079.	126,638,817.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	16,134,969.	25,668,163.	30,390,804.	26,261,802.	28,183,079.	126,638,817.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						17,504,921.
_6	Public support. Subtract line 5 from line 4						109,133,896.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	16,134,969.	25,668,163.	30,390,804.	26,261,802.	28,183,079.	126,638,817.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	127,348.	22,852.	277,571.	516,743.	641,559.	1,586,073.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE. SUPP.PAGE				13,255.	31,752.	45,007.
11	Total support. Add lines 7 through 10						128,269,897.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	152,353,177.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		•			14	85.08 <b>%</b>
15	Public support percentage from 2021					15	69.96 %
16a	33 1/3 % support test - 2022. If the or						
_	box and <b>stop here.</b> The organization q						
b	33 1/3 % support test - 2021. If the org						
	this box and <b>stop here.</b> The organization	-		_			
1/a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	-
	Part VI how the organization meets			_			
	organization						
b	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organia					-	-
	in Part VI how the organization meets						
40	organization						
18	•						
	instructions						<u></u>

### 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.)

				· ·	•		
	tion A. Public Support	(-) 0040	(h) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3		1				
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						<u> </u>
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						1
	Add lines 10a and 10b						<u> </u>
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's first secon	l third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	Ü	,		,		` ^ ` / _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lii	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2022 (lin			13, column (f))		17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the org					ore than 331/3%	
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2021. If the orga	anization did no	t 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 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	ictions

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	110		
	on D. Type i cupper unit of game autono		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u>'</u>	
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
b C	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uction	s).
2			Yes	
2 a	Activities Test. <i>Answer lines 2a and 2b below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vos." describe in <b>Part VI</b> the role played by the organization in this regard	26		

Page 6 Schedule A (Form 990) 2022

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	S				
1	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.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
_1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
_	Total (add lines 1a, 1b, and 1c)	1d					
е	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ly integra	ted Type III supporting	g organization			

Schedule A (Form 990) 2022

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

Page **7** 

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p.	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
ее	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
_	EXCESS HOMEZUZE				

Schedule A (Form 990) 2022

Excess from 2022

Schedule A (Form 990 or 990-EZ) 2022 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.)

TOTALS 13,255. 31,752.	45,007.
MISCELLANEOUS INCOME 13,255. 31,752.	45,007.
DESCRIPTION 2018 2019 2020 2021 2022	TOTAL
SCHEDULE A, PART II - OTHER INCOME	

## Schedule B (Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

2022

Name of the organization			Employer identification number				
RAINFOREST ALLIANC	E, INC.		13-3377893				
Organization type (check of	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated	l as a private fou	ndation				
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as	a private foundat	ion				
	501(c)(3) taxable private foundation						
Note: Only a section 501(c instructions.  General Rule	)(7), (8), or (10) organization can check boxes for both the Gen	neral Rule and a S	Special Rule. See				
For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during they or property) from any one contributor. Complete Parts I and	-	_				
contributor's tota	I contributions.						
Special Rules							
regulations under 16b, and that rec	on described in section 501(c)(3) filing Form 990 or 990-EZ the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sched seived from any one contributor, during the year, total contribution ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	lule A (Form 990) itions of the grea	, Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or				
contributor, durir literary, or educa	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.						
contributor, durin contributions tota during the year fo <b>General Rule</b> app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions <i>exclusively</i> for religious, charitable, each led more than \$1,000. If this box is checked, enter here the top an <i>exclusively</i> religious, charitable, etc., purpose. Don't comblies to this organization because it received <i>nonexclusively</i> religions more during the year	etc., purposes, bu otal contributions aplete any of the p gious, charitable	t no such that were received parts unless the , etc., contributions				
_	nat isn't covered by the General Rule and/or the Special Rules IV, line 2, of its Form 990; or check the box on line H of its For						

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization RAINFOREST ALLIANCE, INC.

Employer identification number 13-3377893

Part I	Contributors (	(see instructions).	Use duplicate co	pies of Part I if	additional spac	e is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$1,199,945.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,029,899.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$966,821.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$1,001,705.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$698,739.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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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
7	N/A	\$2,685,240.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$5,927,904.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$2,426,799.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$1,173,937.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$902,318.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization RAINFOREST ALLIANCE, INC. Employer identification number 13-3377893

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	
13	N/A	\$\$865,653.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
14	N/A	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4		Type of contribution	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

\$

Name of organization Employer identification number

RAINFOREST ALLIANCE, INC. 13-3377893

art 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
		\$	

Schedule B (Form 990) (2022)	Dawa /
schedule B (FOIII) 990) (2022)	Page 4

Name of organization **Employer identification number** 13-3377893 RAINFOREST ALLIANCE, INC. 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 (c) Use of gift (b) Purpose 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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

OMB No. 1545-0047

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.

Тах)	(See separate instructions), their		Tax) (See separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employer ide	ntification number
	0			' '	
	INFOREST ALLIANCE, IN		costion FO1(s) or		377893
		organization is exempt under			
1	•	he organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa	•		_	
2		xpenditures. See instructions			
		campaign activities. See instruction			
		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form	-		
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2	527 exempt function activities	g organization's funds contributed es		\$	
3	line 17b	enditures. Add lines 1 and 2. Ent		\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en tributions received that were prom nd or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing ation's funds. Also ente ditical organization, sucl
	(a) Name	<b>(b)</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) 2022

Schedule C (Fo	rm 990) 2022 RAINFOREST ALLIANCE, INC.	13-	-3377893 Page <b>2</b>
Part II-A	Complete if the organization is exempt under section 501(c)(3) and section 501(h)).	filed Form 5768 (elec	ction under
A Check	if the filing organization belongs to an affiliated group (and list in Part IV e EIN, expenses, and share of excess lobbying expenditures).	ach affiliated group mem	ber's name, address
<b>B</b> Check	if the filing organization checked box A and "limited control" provisions ap	ply.	
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lob	obying expenditures to influence public opinion (grassroots lobbying)	NONE	NON
<b>b</b> Total lob	obying expenditures to influence a legislative body (direct lobbying)	12,073.	NON
c Total lob	obying expenditures (add lines 1a and 1b)	12,073.	NON
d Other ex	xempt purpose expenditures		NON
	empt purpose expenditures (add lines 1c and 1d)	12,073.	NON
f Lobbyin	g nontaxable amount. Enter the amount from the following table in both		

	columns.		2,415.	NONE
	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.		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	604.	NONE
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		NONE

h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j 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?

Yes

Yes No

NONE

#### 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.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
С	Total lobbying expenditures	NONE	36,700.	37,178.	12,073.	85,951.
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	NONE	641.	NONE	NONE	641.

Schedule C (Form 990) 2022

g

	(election under section 501(h)).					
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)	
	cription of the lobbying activity.	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
a	Volunteers?			-		
b	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a 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?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	), or s	section		
	501(c)(6).					1
4	Ware substantially all (00% or mare) dues received pendeductible by members?			1	Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1	+	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from		prior		_	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (I	o) Pa	rt III-A, lin	e 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of			
	political expenses for which the section 527(f) tax was paid).			0-		
a	Current year			2a 2b		
b	Carryover from last year			2c		
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I					
	and political expenditures next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions			5		
	Supplemental Information ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d aro	un lie	t): Part II A	linos	1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a gro	up iis	i), Fait II-A,	IIIIES	ı anu
_ (-						

## SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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.

10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Nam	e of the organization		Employer identification number
RA:	NFOREST ALLIANCE, INC.		13-3377893
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example	, recreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	5	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c)	acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	<del></del>		· 470 (L) (4) (D) (2)
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	=	mancial statements that describes the
Ps	rt III Organizations Maintaining Collections		er Similar Assets
	Complete if the organization answered		or ominar Accord.
1a			up statement and balance sheet works
ıa	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	ts held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements that describes	these items.
b	If the organization elected, as permitted under F	ASB ASC 958, to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets he provide the following amounts relating to these item	id for public exhibition, education, or re	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>¢</b>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
2	following amounts required to be reported under F		assets for illiancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1.		\$
b	Assets included in Form 990, Part X		

		NFOREST ALLIAN				3377893 Page <b>2</b>
	organizations Maintainii					
3	Using the organization's acquisitio		itner records, chec	k any of the follow	wing that make sign	illicant use of its
_	collection items (check all that appl	y).	م د د د د د د د د د د د د د د د د د د د			
a	Public exhibition			or exchange progra	IITI	
b	Scholarly research	ations	e Other			
C	Preservation for future gener		and avalain how	thay furthar tha a	raanization'a avamn	t nurnoss in Port
4	Provide a description of the organ XIII.	nzation's collections	and explain now	they further the of	ganization's exemp	t purpose in Part
_		n aclicit or receive d	anations of art hist	ariaal traaguraa ar	other similar	
5	During the year, did the organizatio assets to be sold to raise funds rath					Yes No
D <sub>0</sub>	irt IV Escrow and Custodial A		ined as part of the	organization's colle	CHOT!	Tes NO
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye				nt on Form
1a	Is the organization an agent, trust		-		_	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following tal	ble:		
					Amount	
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an am					Yes No
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the explanation	has been provided	on Part XIII	
Pa	rt V Endowment Funds.		-!!	Dant IV / Ha = 40		
	Complete if the organiza	1		(c) Two years back	/ N TI	
	-	(a) Current year	(b) Prior year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,150,748.	1,110,557.	1,038,135.	1,047,611.	1,102,551.
b	Contributions					
С	Net investment earnings, gains,	0.40		100.000	24 754	
	and losses	-242,282.	101,201.	102,838.	31,761.	-9,850.
d	Grants or scholarships					
е	Other expenditures for facilities	14.040	61 010	20.416	41 005	45.000
	and programs	14,949.	61,010.	30,416.	41,237.	45,090.
f	Administrative expenses	002 517	1 150 740	1 110 557	1 020 125	1 047 611
g	End of year balance	893,517.	1,150,748.	1,110,557.	1,038,135.	1,047,611.
2						
	Provide the estimated percentage			, column (a)) held a	s:	
а	Board designated or quasi-endowm	ent NONE 9		, column (a)) held a	<b>5</b> :	
a b	Board designated or quasi-endowm Permanent endowment	ent NONE 9		, column (a)) held a	5:	
a b		ent <u>NONE</u> %	6	, column (a)) held a	5:	
a b c	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a	ent <u>NONE</u> %  nd 2c should equal 1	00%.			
a b c	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a Are there endowment funds not in the	ent <u>NONE</u> %  nd 2c should equal 1	00%.			Yes No
a b c	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a Are there endowment funds not in toorganization by:	ent <u>NONE</u> %  nd 2c should equal 1  the possession of the	6 00%. le organization that	are held and admi	nistered for the	
a b c	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a Are there endowment funds not in too organization by:  (i) Unrelated organizations	ent <u>NONE</u> %  nd 2c should equal 1  the possession of th	6 00%. le organization that	are held and admi	nistered for the	<b>3a(i)</b> X
a b c 3a	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations  (ii) Related organizations	ent NONE %  nd 2c should equal 1  the possession of th	00%. The organization that	are held and admi	nistered for the	3a(i) X 3a(ii) X
a b c 3a	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a Are there endowment funds not in to organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related	ent NONE %  nd 2c should equal 1  the possession of the	00%.  The organization that the control of the cont	are held and admi	nistered for the	<b>3a(i)</b> X
a b c 3a b	Board designated or quasi-endowm Permanent endowment 100.000 Term endowment NONE % The percentages on lines 2a, 2b, a Are there endowment funds not in torganization by:  (i) Unrelated organizations  (ii) Related organizations	ent NONE %  nd 2c should equal 1  the possession of the possession of the organizations listed ses of the organizationent.	00%. The organization that the discrete	are held and admi	nistered for the	3a(i) X 3a(ii) X 3b

(investment) (other) depreciation **1a** Land..... 814,342. 811,979 2,363. c Leasehold improvements 987,738. d Equipment..... 749,435 238,303. 1,395,308. 859,917 535,391. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022

776,057.

Schedule D (Form 990) 2022 RAINFOREST AL	LIANCE, INC.	13	-3377893 Page
Part VII Investments - Other Securities.  Complete if the organization answere	ed "Yes" on Form 99	0. 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	on:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		_	
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1		
Part VIII Investments - Program Related.  Complete if the organization answere	nd "Yes" on Form 90	O Part IV line 11c See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation	
(a) Description of investment	(b) Book value	Cost or end-of-year marke	
(1)		<u> </u>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answere	ed "Yes" on Form 99	00, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) D	escription		(b) Book value
(1)SECURITY DEPOSITS			471,411.
(2)DUE FROM AFFILIATE			2,301,251.
(3)RIGHT OF USE OF ASSETS			2,076,066.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	\ " \ 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B)	ine 15.)		4,848,728.
Part X Other Liabilities.  Complete if the organization answere	nd "Voe" on Form 00	On Part IV line 11e or 11f See Form	n 000 Part V
Complete ii the organization allowers	a ies on Fond 98	70, 1 ailiv, iiiic 1 ie 01 i ii. 366 F011	π σσυ, rait Λ,

line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)DEFERRED RENT LIABILITY	2,205,332.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,205,332.

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

JSA 2E1270 1.000 27637U M998 Part XI

1

2

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3

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1 2

Part XII

d

3

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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

Amounts included on line 1 but not on Form 990. Part IX. line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Donated services and use of facilities 

a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

Net unrealized gains (losses) on investments

Add lines 2a through 2d

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Add lines 2a through 2d

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements

orm 990) 2022 RAINFOREST ALLIANCE, INC.		13-	3377893	Page <b>4</b>
Reconciliation of Revenue per Audited Financial Statements With Revenue		١.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
revenue, gains, and other support per audited financial statements		1	80,531,	<u>541.</u>
unts included on line 1 but not on Form 990, Part VIII, line 12:				
dame a game (100000) on involutional [1] [1] [1] [1] [1] [1]	625,443.			
nod del video di la dec el lacinado i i i i i i i i i i i i i i i i i i i	474,607.			
veries of prior year grants				
r (Describe in Part XIII.)	337,762.			
ines 2a through 2d		2e	-3,813,	
act line 2e from line 1		3	84,344,	<u>615.</u>
unts included on Form 990, Part VIII, line 12, but not on line 1:				
tment expenses not included on Form 990, Part VIII, line 7b 4a	111,421.			
r (Describe in Part XIII.)	-141,827.			
ines 4a and 4b		4c	-30,	406.
revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	84,314,	209.
Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		rn.		
expenses and losses per audited financial statements		1	71,436,	333.
unts included on line 1 but not on Form 990, Part IX, line 25:				
	474,607.			
year adjustments				
r losses				
r (Describe in Part XIII.)	141,827.			
ines 2a through 2d		2e	1,616,	434.
ract line <b>2e</b> from line <b>1</b>		3	69,819,	899.
unts included on Form 990, Part IX, line 25, but not on line 1:				
tment expenses not included on Form 990, Part VIII, line 7b 4a	111,421.			
r (Describe in Part XIII.)				
ines 4a and 4b		4c	111,	421.
expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	69,931,	320.
Supplemental Information.				
descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac				(, line
LEMENTAL PAGE				

Part XIII	Supplemental	Information.
-----------	--------------	--------------

Add lines 4a and 4b

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

SEE	SUPPLEMENTAL	PAGE

#### 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, 2022 AND 2021. RA HAS OPERATIONS IN OTHER COUNTRIES AND IS SUBJECT TO THE LAWS AND REGULATIONS OF THOSE COUNTRIES. 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 GAIN OF \$337,762 RELATED TO CURRENCY GAIN ON REVENUE TRANSACTIONS WAS INCLUDED AS INCREASE OF TOTAL REVENUE ON THE AUDIT REPORT BUT WAS INCLUDED IN PART XI LINE 9 ON FORM 990.

### Part XIII Supplemental Information (continued)

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

LOSS ON DISPOSAL OF FIXED ASSETS OF \$(250,934) WAS INCLUDED AS A NET REDUCTION OF TOTAL EXPENSES ON THE AUDIT REPORT BUT ARE INCLUDED IN PART VIII ON FORM 990. SPECIAL EVENT EXPENSES OF \$109,107 WAS INCLUDED IN REVENUE SECTION OF AUDITED FINANCIAL STATEMENT ARE INCLUDED IN PART IX.

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

LOSS OF DISPOSAL OF FIXED ASSETS OF \$(250,934) INCLUDED IN TOTAL EXPENSES

ON THE AUDIT REPORT BUT NOT INCLUDED IN PART IX. SPECIAL EVENT EXPENSES

OF \$109,107 WAS NOT INCLUDED IN AUDIT BUT WAS INCLUDED IN THE RETURN.

#### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

20**22**Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Inspection
Employer identification number

RAINFOREST ALLIANCE, INC. 13-3377893

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 141	٥.								
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or		tion criteria used to	X Yes No				
2	<b>2 For grantmakers.</b> 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.)										
	<b>(a)</b> 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	107	PROGRAM SERVICES	SEE PART V	10,691,718.				
(2)	EUROPE	1	30	PROGRAM SERVICES	SEE PART V	3,480,617.				
(3)	NORTH AMERICA	1	45	PROGRAM SERVICES	SEE PART V	3,816,865.				
(4)	SOUTH AMERICA	2	40	PROGRAM SERVICES	SEE PART V	4,124,596.				
(5)	EAST ASIA AND THE PACIFIC	1	33	PROGRAM SERVICES	SEE PART V	2,219,027.				
(6)	SUB-SAHARAN AFRICA	5	42	PROGRAM SERVICES	SEE PART V	4,757,620.				
(7)	MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	19.				
(8)	SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	SEE PART V	575,809.				
(9)	EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		425,297.				
(10)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		3,787,716.				
(11)	EUROPE	NONE	NONE	GRANTMAKING		13,112,217.				
(12)	NORTH AMERICA	NONE	NONE	GRANTMAKING		772,943.				
(13)	SOUTH AMERICA	NONE	NONE	GRANTMAKING		574,566.				
(14)	SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		2,920,079.				
(15)										
(16)										
(17)										
3 a		16	297.			51,259,089.				
b	Total from continuation sheets to Part I									
c	Totals (add lines 3a and 3b)	16.	297.			51,259,089.				

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

Schedule F (Form 990) 2022

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)
				SUSTAINABLE					
(1)			NORTH AMERICA	IMPLEMENTATI	5,204.	EFT			
				SUSTAINABLE					
(2)			NORTH AMERICA	FOREST MGMT	5,229.	EFT			
				SUSTAINABLE					
(3)			NORTH AMERICA	IMPLEMENTATI	5,264.	EFT			
				SUSTAINABLE					
(4)			NORTH AMERICA	CONSTRUCTION	5,302.	EFT			
				SUSTAINABLE					
(5)			NORTH AMERICA	CONSTRUCTION	5,456.	EFT			
				SUSTAINABLE					
(6)			NORTH AMERICA	IMPLEMENTATI	5,811.	EFT			
				SUSTAINABLE					
(7)			NORTH AMERICA	IMPLEMENTATI	5,864.	EFT			
(8)			EAST ASIA/PACIFIC	CERTIFICATIO	5,996.	EFT			
(0)			21.01 1.0111/11101110	SUSTAINABLE	3,330.				
(9)			NORTH AMERICA	IMPLEMENTATI	6,151.	EFT			
(3)			NORTH PRIBITEST	SUSTAINABLE	0,131.	1211			
(10)			NORTH AMERICA	IMPLEMENTATI	6,216.	EFT			
(10)			NORTH TRIBUTED.	SUSTAINABLE	0,210.				
(11)			NORTH AMERICA	IMPLEMENTATI	6,403.	EFT			
(11)			NORTH TRIBUTED.	FORESTRY	0,103.				
(12)			SUB-SAHARAN AFRICA	ACTIVITY	6,461.	EFT			
(12)			DOD GIMMUM IMICION	CHILD LABOUR	0,101.				
(13)			SUB-SAHARAN AFRICA	GENDER RESEA	6,908.	EFT			
(10)			DOD GIMMUM IMICION	STUDY FOR	0,7500.				
(14)			NORTH AMERICA	PROJECTS	6,984.	EFT			
(,				SUSTAINABLE	3,301.	<del> </del>			
(15)			NORTH AMERICA	IMPLEMENTATI	7,530.	EFT			
(.0)				CHILD LABOUR	,,550.	<del> </del>			
(16)			SUB-SAHARAN AFRICA	GENDER RESEA	7,706.	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	53
3	Enter total number of other organizations or entities	58

00110001	(: 0:::: 000) <u>2022</u> ::::: 0:::::::: 1::::::::::::::::::::::	11.0.	15 5511075						. ugo <b>–</b>
Part II	Grants and Other Assis	tance to Organiza	tions or Entities Outsi	de the Unite	d States. Complet	te if the org	anization ans	wered "Yes" o	n Form 990,
	Part IV, line 15, for any r	ecipient who recei	ved more than \$5,000. F	Part II can be	duplicated if addition	onal space is	needed.		

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> 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
				CHILD LABOUR					
(1)			SUB-SAHARAN AFRICA	GENDER RESEA	7,706.	EFT			
				CHILD LABOUR					
(2)			SUB-SAHARAN AFRICA	GENDER RESEA	7,706.	EFT			
				SUSTAINABLE					
(3)			NORTH AMERICA	IMPLEMENTATI	8,149.	EFT			
				SUSTAINABLE					
(4)			NORTH AMERICA	IMPLEMENTATI	8,194.	EFT			
				LANDSCAPE					
(5)			SUB-SAHARAN AFRICA	MANAGEMENT	8,276.	EFT			
				SUSTAINABLE					
(6)			EAST ASIA/PACIFIC	PRACTICE	8,408.	EFT			
				FORESTRY					
(7)			NORTH AMERICA	ACTIVITY	8,729.	EFT			
				SUSTAINABLE					
(8)			NORTH AMERICA	PRACTICES	9,133.	EFT			
				FORESTRY					
(9)			NORTH AMERICA	ACTIVITY	9,366.	EFT			
				FORESTRY					
(10)			NORTH AMERICA	ACTIVITY	9,857.	EFT			
				CHILD LABOUR					
(11)			SUB-SAHARAN AFRICA	GENDER RESEA	9,912.	EFT			
(12)			SUB-SAHARAN AFRICA	FORESTRY ACT	10,094.	EFT			
				SOCIAL					
(13)			NORTH AMERICA	INCLUSION	10,403.	EFT			
				FORESTRY					
(14)			NORTH AMERICA	ACTIFITY	10,906.	EFT			
				SUSTAINABLE					
(15)			CENT. AMERICA/CARIBBEAN	PRACTICES	12,171.	EFT			
				LANDSCAPE					
(16)			EAST ASIA/PACIFIC	MANAGEMENT	12,638.	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.

	( )							- 3 -
Part II	Grants and Other	Assistance to Organiza	ions or Entities Outs	ide the United States	. Complete if the o	rganization answere	ed "Yes" o	n Form 990,
	Part IV, line 15, for	any recipient who receive	red more than \$5,000.	Part II can be duplicate	d 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)
				FORESTRY					
(1)			NORTH AMERICA	ACTIVITY	12,853.	EFT			
				SUSTAINABLE					
(2)			CENT. AMERICA/CARIBBEAN	TION PRACTIC	13,209.	EFT			
				CHILD LABOUR					
(3)			SUB-SAHARAN AFRICA	COCOA FARMS	13,305.	EFT			
				SUSTAINABLE					
(4)			NORTH AMERICA	IMPLEMENTATI	13,481.	EFT			
				FARM					
(5)			SUB-SAHARAN AFRICA	IMPLEMENTATI	14,318.	EFT			
				FORESTRY					
(6)			NORTH AMERICA	ACTIVITY	14,360.	EFT			
				CHILD LABOUR					
(7)			SUB-SAHARAN AFRICA	GENDER RESEA	14,804.	EFT			
				FORESTRY					
(8)			NORTH AMERICA	ACTIVITY	15,253.	EFT			
				FORESTRY					
(9)			NORTH AMERICA	ACTIVITY	16,557.	EFT			
				FORESTRY					
(10)			NORTH AMERICA	ACTIVITY	17,491.	EFT			
				FORESTRY					
(11)			NORTH AMERICA	ACTIVITY	18,568.	EFT			
				SUSTAINABLE					
(12)			NORTH AMERICA	IMPLEMENTATI	18,853.	EFT			
				SUSTAINABLE					
(13)			NORTH AMERICA	IMPLEMENTATI	19,008.	EFT			
				ACCOUNTABILI					
(14)			SOUTH AMERICA	INITIATIVE	20,000.	EFT			
				FORESTRY					
(15)			NORTH AMERICA	ACTIVITY	20,406.	EFT			
				WORKER'S					
(16)			NORTH AMERICA	RIGHTS	21,298.	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	<b>.</b>

Schedule F	(Form 990) 2022 INFOREST ALLIAN	NCE, INC.	13-3377893						Page <b>2</b>
Part II	Grants and Other As	sistance to Organiz	ations or Entities Outside ived more than \$5,000. F					ered "Yes" on	
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)
				SUSTAINABLE					
(1)			SUB-SAHARAN AFRICA	PRACTICES	21,665.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	22,194.	EFT			
				LOGISTIC					
(3)			SUB-SAHARAN AFRICA	SUPPORT	23,520.	EFT			
				LOGISTIC					
(4)			NORTH AMERICA	SUPPORT	25,000.	EFT			
				LOGISTIC					
(5)			SOUTH AMERICA	SUPPORT	25,000.	EFT			
				LOGISTIC					
(6)			SOUTH AMERICA	SUPPORT	25,000.	EFT			
				LOGISTIC					
(7)			SUB-SAHARAN AFRICA	SUPPORT	28,731.	EFT			
				SUSTAINABLE					
(8)			SUB-SAHARAN AFRICA	FARMING	28,809.	EFT			
				LOGISTIC					
(9)			SUB-SAHARAN AFRICA	SUPPORT	29,847.	EFT			
				SUSTAINABLE					
(10)			EUROPE/ICELAND/GREENLAND	CHAIN	30,076.	EFT			
				SUSTAINABLE					
(11)			SOUTH AMERICA	PRACTICES	32,100.	EFT			
				FORESTRY					
(12)			NORTH AMERICA	ACTIVITY	35,695.	EFT			
(13)			NORTH AMERICA	WOMEN RIGHTS	37,190.	EFT			
				SUSTAINABLE					
(14)			NORTH AMERICA	PRACTICES	37,273.	EFT			
				LOGISTIC					
(15)			SUB-SAHARAN AFRICA	SUPPORT	38,048.	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.

SUB-SAHARAN AFRICA

LOGISTIC

SUPPORT

38,209.

(16)

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Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsid	de the United	d States. Complet	te if the org	anization answere	d "Yes" on	Form 990,
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. F	art II can be	duplicated if addition	onal space is	needed.		

						oa. opaco .c			
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)
				LOGISTIC					
(1)			EUROPE/ICELAND/GREENLAND	SUPPORT	38,285.	EFT			
				SUSTAINABLE					
(2)			SUB-SAHARAN AFRICA	PRACTICES	38,472.	EFT			
				SUSTAINABLE					
(3)			CENT. AMERICA/CARIBBEAN	AGRICULTURE	40,000.	EFT			
				FORESTRY					
(4)			CENT. AMERICA/CARIBBEAN	ACTIVITY	40,912.	EFT			
				LOGISTIC					
(5)			SUB-SAHARAN AFRICA	SUPPORT	40,930.	EFT			
				SUSTAINABLE					
(6)			EUROPE/ICELAND/GREENLAND	CHAINS	42,743.	EFT			
				LOGISTIC					
(7)			EAST ASIA/PACIFIC	SUPPORT	46,030.	EFT			
(8)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	47,649.	EFT			
				SUSTAINABLE					
(9)			EAST ASIA/PACIFIC	PRACTICES	47,720.	EFT			
(10)			CENT. AMERICA/CARIBBEAN	LOGISTIC SUPPORT	49,702.	EFT			
(11)			EAST ASIA/PACIFIC	SUPPORT	49,725.	EFT			
(12)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	49,742.	EFT			
				LOGISTIC					
(13)			EAST ASIA/PACIFIC	SUPPORT	54,034.	EFT			
				LOGISTIC					
(14)			NORTH AMERICA	SUPPORT	54,163.	EFT			
				FORESTRY					
(15)			SUB-SAHARAN AFRICA	ACTIVITY	55,583.	EFT			
				LOGISTIC					
(16)			EAST ASIA/PACIFIC	SUPPORT	59,548.	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

Schedule F	(Form 990) 2022INFOREST ALLIANCE,	INC.	13-3377893						Page Z
Part II	Grants and Other Assist	ance to Organiza	tions or Entities Outsi	de the United	d States. Comple	te if the orga	anization answer	ed "Yes" on	Form 990,
	Part IV, line 15, for any re	ecipient who recei	ved more than \$5,000. I	Part II can be o	duplicated if additi	onal space is	needed.		
1	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(a) Amount of	(h) Description	(i) Method of

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
				FORESTRY					
(1)			EAST ASIA/PACIFIC	ACTIVITY	62,189.	EFT			
(2)					65 105				
(2)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	67,195.	EFT			
(2)			DUDODE / TORE AND / ODDERNI AND	LOGISTIC	67 505	EFT			
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	67,525.	EF I			
(4)			EUROPE/ICELAND/GREENLAND	PRACTICES	69,096.	EFT			
(4)			EUROPE/ICELAND/GREENLAND	LANDSCAPE	09,090.	DF 1			
(5)			NORTH AMERICA	MANAGEMENT	72,709.	EFT			
_(0)					,				
(6)			CENT. AMERICA/CARIBBEAN	WOMENS RIGHT	76,145.	EFT			
				SUSTAINABLE					
(7)			EAST ASIA/PACIFIC	PRACTICES	79,010.	EFT			
(8)			CENT. AMERICA/CARIBBEAN	SUPPORT	81,544.	EFT			
				LOGISTIC					
(9)			SUB-SAHARAN AFRICA	SUPPORT	96,480.	EFT			
				FORESTRY					
(10)			SUB-SAHARAN AFRICA	ACTIVITY	100,000.	EFT			
(11)			SUB-SAHARAN AFRICA	SUPPORT	111,923.	EFT			
,				SUSTAINABLE					
(12)			SUB-SAHARAN AFRICA	PRACTICES	118,622.	EFT			
(13)			SUB-SAHARAN AFRICA	HUMAN RIGHTS	142,064.	EFT			
				SUSTAINABLE					
(14)			CENT. AMERICA/CARIBBEAN	PRACTICES	145,688.	EFT			
(15)			CENT. AMERICA/CARIBBEAN	SUPPORT	146,678.	EFT			
(10)			CELT: INDICTOR, CIRCIDDEAN	5521 0101	110,070.				
(16)			SUB-SAHARAN AFRICA	SUPPORT	149,068.	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	(Form 990) 2022 INFOREST ALLI  Grants and Other A		ations or Entities Outsi	de the United	States, Comple	te if the orga	nization answe	red "Yes" on	Page <b>2</b> Form 990
raren			eived more than \$5,000.					100 01	1 1 01111 000
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
				TECHNICAL IM					
(1)			SUB-SAHARAN AFRICA	SUPPORT	172,244.	EFT			
				FORESTRY					
(2)			NORTH AMERICA	ACTIVITY	176,633.	EFT			
(3)			SUB-SAHARAN AFRICA	ACF	182,039.	EFT		_	
(4)			SUB-SAHARAN AFRICA	HUMAN RIGHTS	193,870.	EFT			
(5)			CENT. AMERICA/CARIBBEAN	SUPPORT	208,440.	EFT			
				FORESTRY					
(6)			CENT. AMERICA/CARIBBEAN	ACTIVITY	225,000.	EFT			
				FORESTRY					
(7)			SUB-SAHARAN AFRICA	ACTIVITY	269,358.	EFT			
				SUSTAINABLE					
(8)			SUB-SAHARAN AFRICA	PRACTICES	314,903.	EFT			
(0)			SUB-SAHARAN AFRICA	SUPPORT	321,263.	EFT			
(9)			SUB-SAHARAN AFRICA	SUSTAINABLE	321,203.	EF I			
(10)			SUB-SAHARAN AFRICA	PRACTICES	397,235.	EFT			
(10)			SUB GAHAKAN APKICA	FRACTICES	371,233.	BF I			
(11)			CENT. AMERICA/CARIBBEAN	SUPPORT	465,841.	EFT			
( /				LOGISTIC					
(12)			SOUTH AMERICA	SUPPORT	472,466.	EFT			
` ,									
(13)			CENT. AMERICA/CARIBBEAN	SUPPORT	670,233.	EFT			
(14)			CENT. AMERICA/CARIBBEAN	SUPPORT	1,325,372.	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
	Enter total number of other organizations or entities

SUPPORT

12,864,492.

EFT

EUROPE/ICELAND/GREENLAND

(15)

(16)

RAINFOREST ALLIANCE, INC.

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	<b>(d)</b> 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
<b>(7)</b>							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

# Part IV Foreign Forms 1 Was the organization a U.S. transferor of proper the organization may be required to file Form 92

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

Schedule F (Form 990) 2022

#### 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

27637U M998

#### **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).

AWARD/SUBRECIPIENT-SPECIFIC REQUIREMENTS, AND PROVIDE FEEDBACK TO SUB

GRANTEES 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 PERSONNEL, AND PROVIDES

COMPLIANCE AND OTHER TRAINING TO ACTUAL SUBGRANTEES. THEY

UNDERTAKE REGULAR COMPLIANCE REVIEWS AND REPORT FINDINGS TO

PROGRAM AND RA MANAGEMENT.

#### 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 3(E)

FOR EACH OF THE REGIONS LISTED BELOW, THE "LANDSCAPES & COMMUNITIES" AND

"MARKETS TRANSFORMATION" PROGRAM ACTIVITIES WERE ACTIVE IN:

CENTRAL AMERICA/CARIBBEAN

EAST ASIA AND THE PACIFIC

EUROPE

MIDDLE EAST

NORTH AMERICA

SOUTH AMERICA

SUB-SAHARAN AFRICA

SOUTH ASIA

MIDDLE EAST

#### 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 III, LINE 1

IN 2022, KLEINHANS FELLOWSHIP FUNDS WERE AWARDED TO AN INDIVIDUAL WHOSE WORK STUDIES THE GOVERNANCE OF RURAL FORESTS IN VERACRUZ, A HIGHLY DEFORESTED STATE IN MEXICO, AND AN INDIVIDUAL WHOSE WORK STUDIES INFORMAL

LAND TENURE ARRANGEMENTS ON COMMUNITY FORESTRY ENTERPISES IN PERU.

27637U M998

#### SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

RAINFOREST ALLIANCE, INC.					13-337789	
Part I Fundraising Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.
Form 990-EZ filers are not re						
1 Indicate whether the organization rais	_		_			
a X Mail solicitations	6			non-government g		
<b>b</b> X Internet and email solicitations	f			government grant	S	
c X Phone solicitations	ç	y 🗓 Spe	cial fundra	ising events		
<b>d</b> X In-person solicitations						
2a Did the organization have a written or						X Yes No
or key employees listed in Form 990, <b>b</b> If "Yes," list the 10 highest paid indiv						
compensated at least \$5,000 by the		, (Turiuraise	is) puisua	int to agreements	under willon the	idildiaisei is to be
20poca.ca at 10ca \$40,000 25 1o	gaa					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION		Yes	No		coi. (i)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				NONE	102 010	NONE
3 List all states in which the organizat	ion is registered	or licensed	to solicit			
registration or licensing.	non lo registered	01 110011000	10 0011011	CONTRIBUTIONS OF	nao been nemea	it is exempt from
c c						
						<del></del> -

RAINFOREST ALLIANCE, INC. 13-3377893 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		gross receipts greater than \$5,00	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
Ф			WOMEN ALLIANCE (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	55,133.			55,133.
מֿ	2	Less: Contributions Gross income (line 1 minus	50,883.			50,883.
		line 2)	4,250.			4,250.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	51,939.			51,939.
	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	11,901.			11,901.
	10 11	Direct expense summary. Add lin Net income summary. Subtract I	nes 4 through 9 in col	umn (d) lumn (d)		63,840. -59,590.
Pa	rt III	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin		Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	/ Vaa	Vaa ov	
	6	Volunteer labor	No Yes %	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a b	. 1	Enter the state(s) in which the orgsthe the organization licensed to conform f "No," explain:	duct gaming activities	in each of these state		Yes No
10a	- \	Were any of the organization's gamin	n licenses revoked sus	nended, or terminated du	uring the tay year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2022 RAINFOREST ALLIANCE, INC.	13-3377893	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?	Yes	No
	formed to administer charitable gaming?		No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		<u>%</u>
b	An outside facility		%
14	records:	sano	
	Name ▶		
	Address ▶		
15 a	Does the organization have a contract with a third party from whom the organization receives of	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 ▶ \$		
С	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:		
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
	retain the state gaming license?	Yes Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	nizations	
	or spent in the organization's own exempt activities during the tax year > \$	("") I ( ) I	
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).	· / · · · · · · · · · · · · · · · · · ·	

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

JOEL D ALTER

ADDRESS:

11 FINGER STREET SAUGERTIES, NY 12477

ACTIVITY:
CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?
YES

GROSS RECEIPTS FROM ACTIVITY: NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 24,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

NAME:

JO MILES DIGITAL LLC

ADDRESS:

8547 BRADFORD ROAD SILVER SPRING, MD 20901

ACTIVITY: CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? YES

GROSS RECEIPTS FROM ACTIVITY: NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 62,520.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES \_\_\_\_\_\_

NAME:

BEE MEASURE LLC

ADDRESS:

2319 HIGHLAND AVENUE CHARLOTTESVILLE, VA 22903

ACTIVITY : CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 55,200.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

NAME:

SOFIA PEREZ

ADDRESS:

300 EAST 54TH STREET, #19F NEW YORK, NY 10022

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 42,090.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: NONE

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2022

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

Attach to Form 990.

Ope

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public Inspection

Employer identification number

RAINFOREST ALLIANCE, INC.						13-3377893	13-3377893		
<ul> <li>Part I General Information on Grants and</li> <li>1 Does the organization maintain records to so the selection criteria used to award the grant</li> <li>2 Describe in Part IV the organization's processing the processing of th</li></ul>	ubstantiate th	ne amount of the					X Yes No		
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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) MERIDIAN INSTITUTE							LOGISTIC & STRATEGI		
105 VILLAGE PLACE DILLON, CO 80435	84-1435420	501(C)(3)	119,557.				SUPPORT		
(2) CONSERVATION INT FOUNDATION							LANDSCAPE		
2011 CRYSTAL DRIVE ARLINGTON, VA 22202	52-1497470	501(C)(3)	310,499.				MANAGEMENT		
(3) VERRA							LOGISTIC		
1 THOMAS CIRCLE WASHINGTON, DC 20005	27-0566795	501(C)(3)	168,177.				SUPPORT		
(4) ECOAGRICULTURE INTERNATIONAL									
3057 NUTLEY ST #193 FAIRFAX, VA 22031	20-2349382	501(C)(3)	478,518.				M&E		
(5) BENEFICIENT TECHNOLOGY, INC.							LOGISTIC		
480 CALIFORNIA AVE #201 PALO ALTO, CA 94306	77-0555413	501(C)(3)	110,430.				SUPPORT		
(6) CDP-NORTH AMERICA							FORESTRY		
127 W 26TH STREET NEW YORK, NY 10001	36-4709977	501(C)(3)	584,263.				ACTIVITY		
_(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•					6		

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 KLEINHANS FELLOWSHIP	2	10,000.			
_2					
_ 3					
_4					
_ 5					
_ 6					
7					

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

# SCHEDULE J (Form 990)

# **Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Name of the organization

RAINFOREST ALLIANCE, INC.

Part I Questions Regarding Compensation

Employer identification number

13-3377893

	<u> </u>		Yes	No
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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account Tersonal services (such as maid, chauneur, cher)			
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	46		
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	_		
	1a?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
а	1, 0 1,	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
'	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			23
•	Regulations section 53.4958-6(c)?	9		
	···-g-······			ı

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

Schedule J (Form 990) 2022

#### 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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
SANTIAGO GOWLAND	(i)	430,794.	NONE	NONE	46,325.	25,848.	502,967.	NONE	
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ALIK ODINGA HINCKSON	(i)	207,530.	21,919.	35,915.	10,531.	18,099.	293,994.	NONE	
<b>2</b> CFO (THRU 9/20/2022)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ALEX H MORGAN	(i)	229,723.	25,222.	457.	12,792.	11,335.	279,529.	NONE	
3 CHIEF GLOBAL ENGAGEMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
JACQUELYN PETERS LEVY	(i)	176,951.	218.	235.	8,320.	40,779.	226,503.	NONE	
4 SENIOR DIR, GLOBAL ACCOUNTING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
MOLLY STARK	(i)	214,049.	218.	363.	9,371.	1,871.	225,872.	NONE	
5 GENERAL COUNSEL & SECRETARY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
HELEEN S.	(i)	215,355.	NONE	NONE	NONE	NONE	215,355.	NONE	
<b>6</b> CPO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
APARAJITA BHALLA	(i)	198,750.	2,222.	1,257.	5,833.	NONE	208,062.	NONE	
7 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
MARIA SALINAS	(i)	141,491.	222.	234.	7,770.	41,253.	190,970.	NONE	
8 DIRECTOR, GLOBAL FINANCE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
RUSSELL ECKENROD	(i)	147,761.	217.	1,214.	6,036.	5,000.	160,228.	NONE	
9 DEPUTY GENERAL COUNSEL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
JEFFREY ROY CRUZ	(i)	139,713.	222.	582.	7,101.	12,531.	160,149.	NONE	
10 CONTROLLER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
JEFFREY MILDER	(i)	146,387.	217.	1,276.	7,369.	1,828.	157,077.	NONE	
11 DIR, GLOBAL POLICY & STRATEGY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
_12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
_15	(ii)								
	(i)								
16	(ii)								

#### Part | 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.

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#### Part | Supplemental Information

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THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEOUATELY 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

# Part III Supplemental Information

Schedule J (Form 990) 2022

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.

REVIEWS AND EVALUATIONS.

Page 3

#### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

RAINFOREST ALLIANCE, INC. 13-3377893

#### FORM 990, PART III, LINE 1

FOUNDED IN 1987, THE RAINFOREST ALLIANCE'S MISSION IS TO CONSERVE BIODIVERSITY AND ENSURE SUSTAINABLE LIVELIHOODS BY TRANSFORMING LAND-USE PRACTICES, BUSINESS PRACTICES, AND CONSUMER BEHAVIOR. WE ENVISION A WORLD WHERE PEOPLE CAN THRIVE AND PROSPER IN HARMONY WITH THE LAND. THE CORE OF OUR APPROACH LIES IN LEVERAGING MARKET DEMAND FOR SUSTAINABLE PRODUCTS TO CONSERVE BIODIVERSITY AND 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)

RAINFOREST ALLIANCE, INC, A NEW YORK CORPORATION AND SECTION 501(C)(3)

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

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RAINFOREST ALLIANCE, INC

PUBLIC CHARITY AND 2) STICHTING RAINFOREST ALLIANCE, A TAX-EXEMPT DUTCH FOUNDATION.

#### FORM 990, PART III, LINE 4A

CERTIFICATION & BEYOND

THIS YEAR RA DEEPENED THE SUPPORT FOR FARMERS AND SUPPLY CHAIN

CERTIFICATE HOLDERS AS THEY TRANSITIONED TO THE CERTIFICATION PROGRAM

THAT WE LAUNCHED IN 2020. ALREADY MORE AMBITIOUS THAN PREVIOUS

ITERATIONS, THE PROGRAM AND ITS ROLLOUT WERE FURTHER CHALLENGED BY THE

COVID-19 PANDEMIC AND SEVERE WEATHER EVENTS. THAT'S WHY WE ENGAGED IN

ROBUST, ON-GOING DIALOGUE WITH PARTNERS, USING THEIR FEEDBACK TO INNOVATE

TARGETED SUPPORT. WE INCREASED THE NUMBER OF TRAININGS, RESOURCES, AND

GUIDANCE, TAILORING THEM TO THE NEEDS OF PARTNERS; WE SIMPLIFIED TOOLS

AND REQUIREMENTS; AND EXTENDED TRANSITION DEADLINES. WE GRANTED ALMOST

5,000 LICENSES TO CERTIFICATE HOLDERS IN 2022. BUILDING ON OUR DECADES OF

EXPERIENCE IN CERTIFICATION, WE'RE SCALING OUR AMBITIONS THROUGH

CROSS-SECTOR PARTNERSHIPS AND FARMER-FOCUSED INNOVATION.

#### CERTIFICATION HIGHLIGHTS FROM 2022:

- RESUMING IN-PERSON TRAININGS WITH EXPANDED ONLINE SUPPORT TRAINING-ON EVERYTHING FROM PRUNING TO FINANCIAL LITERACY-HAS ALWAYS BEEN ONE OF THE MOST EFFECTIVE WAYS WE HELP FARMERS TACKLE CHALLENGES SPECIFIC TO THEIR CONTEXTS. IN 2022 WE RESUMED IN-PERSON TRAININGS AFTER PANDEMIC RESTRICTIONS EASED, WHILE CONTINUING TO BUILD OUT AND USE THE RAINFOREST ALLIANCE LEARNING NETWORK (RALN), A USER-FRIENDLY TRAINING PLATFORM WE DEVELOPED DURING LOCKDOWN. THE PLATFORM NOW ALLOWS US TO ADAPT MATERIALS

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13-3377893

RAINFOREST ALLIANCE, INC

FOR MORE CONTEXTS, REACH MORE FARMERS, AND SUPPORT IN-PERSON TRAININGS.

STRENGTHENING WORKERS' RIGHTS ON CERTIFIED FARMS FOR THE RAINFOREST ALLIANCE, THE WELL-BEING OF THOSE WHO WORK ON FARMS IS CENTRAL TO ANY SUSTAINABILITY TRANSFORMATION. THAT'S WHY WE PROTECT AND PROMOTE THE HUMAN RIGHTS OF HUNDREDS OF THOUSANDS OF FARMWORKERS THROUGH OUR CERTIFICATION PROGRAM, AND OF TENS OF THOUSANDS MORE IN OUR COMMUNITY-LEVEL WORK. USING AN ASSESS-AND-ADDRESS APPROACH, ESTABLISHING GENDER AND GRIEVANCE COMMITTEES, AND PROMOTING A LIVING WAGE ARE JUST SOME OF THE WAYS TO STRENGTHEN THE RIGHTS OF WORKERS ON CERTIFIED FARMS. THROUGHOUT 2022, AS PART OF THAT EFFORT, WE REFINED OUR RISK MAPPING METHODOLOGY, AND COLLECTED MORE DATA FOR OUR CHILD LABOR AND FORCED LABOR RISK MAPS (BASED ON KEY INDICATORS FOR PRIORITY SECTORS AND COUNTRIES). AS PART OF OUR IMPROVED ASSURANCE SYSTEM, WE'VE TAILORED IMPLEMENTATION AND VERIFICATION OF STANDARD REQUIREMENTS TO THE RISK EXPOSURE OF EACH FARM-MEANING THAT WE EXPECT FARMS WITH HIGH RISK TO BE MORE PROACTIVE ABOUT IDENTIFYING AND ADDRESSING THEIR SPECIFIC CHALLENGES. THESE RISK MAPS ARE ALSO AN IMPORTANT TOOL FOR COMPANIES SEEKING TO ADHERE TO HUMAN

- A WIN FOR SMALLHOLDERS IN DEFORESTATION-FREE REGULATION

OUR CERTIFICATION PROGRAM AIMS TO HELP STOP DEFORESTATION, WITH STRICT

PROHIBITIONS ON FARM EXPANSION INTO NEARBY FORESTS AND REQUIREMENTS FOR

COLLECTING DATA ON FARM BORDERS. THIS YEAR, 2.7 MILLION FARMS WERE MAPPED

FOR THIS PURPOSE. BUT CERTIFICATION ALONE CANNOT STOP DEFORESTATION,

WHICH IS ONE REASON WE WORKED WITH PARTNERS, INCLUDING THE EU COCOA

COALITION, THROUGHOUT 2022 TO HELP SHAPE THE EUROPEAN UNION DEFORESTATION

RIGHTS DUE DILIGENCE PROCESSES.

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RAINFOREST ALLIANCE, INC.

13-3377893

REGULATION (EUDR). ONE OF OUR GOALS WAS TO ENSURE PROVISION FOR

SMALLHOLDER FARMERS IN THE REGULATION TEXT. THANKS IN PART TO THIS WORK,

THE FINAL LAW (AGREED UPON IN DECEMBER 2022) INCLUDES CAPACITY-BUILDING

FOR SMALLHOLDERS AMONG THE RECOMMENDED LIST OF ACTIONS COMPANIES MAY

UNDERTAKE AS PART OF THEIR DUE DILIGENCE OBLIGATION. THE EUROPEAN

COMMISSION HAS ALSO COMMITTED TO DEVELOP A STRATEGIC FRAMEWORK THAT

SUPPORTS PRODUCERS IN THE IMPLEMENTATION OF THE EUDR. OUR DEEP,

LONGSTANDING CONNECTIONS WITH SMALL-SCALE FARMERS AROUND THE WORLD GUIDED

OUR EFFORTS TO SHAPE THIS LAW.

OUR CERTIFICATION PROGRAM CAN BE A USEFUL AID FOR COMPANIES SEEKING TO ADHERE TO THIS REGULATION, AND ALSO TO CARRY OUT DUE DILIGENCE OBLIGATIONS ON HUMAN RIGHTS AND ENVIRONMENTAL RISKS IN THEIR SUPPLY CHAINS.

- BETTER DATA FOR BETTER DECISION-MAKING

BUSINESSES ARE UNDER INCREASING PRESSURE TO MEASURE AND REPORT ON THEIR SOCIAL AND ENVIRONMENTAL IMPACTS, WHETHER FROM GOVERNMENTS, INTERESTED CONSUMERS, OR INVOLVED BOARDS. MORE IMPORTANTLY, THE DATA THEY GATHER CAN HELP THEM MAKE BETTER-INFORMED DECISIONS.

IN OUR CERTIFICATION PROGRAM, WE WORK TOGETHER WITH FARMERS AND COMPANIES, SUPPORTING THEM TO USE DATA TO IMPROVE THEIR RISK ANALYSIS, MEASURE PROGRESS ALONG THEIR SUSTAINABILITY JOURNEY, AND SUPPORT FUTURE CLAIMS.

- PLANTING SEEDS IN OUR GROWTH SECTORS

WHILE THE RAINFOREST ALLIANCE IS PERHAPS BEST KNOWN FOR CERTIFYING MAJOR CROPS LIKE COFFEE, TEA, COCOA, AND FRUIT, WE ALSO CERTIFY 250 OTHER

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CROPS.

IN 2022, OUR CERTIFICATION PROGRAM EXPERIENCED GROWTH IN MANY SECTORS, RANGING FROM HERBS AND SPICES TO ORANGE JUICE TO COCONUT OIL AND HAZELNUTS, WITH MORE AND MORE FARMS AND BUYERS JOINING.

A FIRST FOR REGENERATIVE AGRICULTURE: OUR COFFEE SCORE-CARD REGENERATIVE AGRICULTURE SEEKS TO CREATE FARMS THAT ACTUALLY ADD TO NATURE'S RICHNESS, RATHER THAN TAKE AWAY. IN 2022, WE LAUNCHED THE REGENERATIVE COFFEE SCORECARD, DEVELOPED IN PARTNERSHIP WITH NESPRESSO. THE SCORECARD FOCUSES ON FIVE KEY INDICATORS- SOIL, BIODIVERSITY, LIVELIHOODS, WATER, AND CROP RESILIENCE - AND ALLOWS AGRONOMISTS TO TAILOR PRACTICES TO LOCAL GROWING CONDITIONS, WHICH CAN DIFFER WIDELY FROM REGION TO REGION. THIS NEW TOOL, AVAILABLE TO BOTH CERTIFIED AND NON-CERTIFIED SUPPLY CHAIN ACTORS, ASSESSES CURRENT FARM PERFORMANCE, HIGHLIGHTING IMPROVEMENT AREAS NEEDING TARGETED SUPPORT, AND TRACKING PROGRESS TOWARD REGENERATIVE GOALS. THE RAINFOREST ALLIANCE CERTIFICATION PROGRAM REQUIRES CERTIFICATE HOLDERS TO PERFORM RIGOROUS OVERSIGHT OF LABOR RECRUITERS TO ENSURE WORKERS ARE NOT EXPLOITED, AND RECRUITMENT-RELATED FEES MUST BE PAID BY FARMS, RATHER THAN WORKERS. IN 2022, WE WENT EVEN FURTHER: IN MEXICO AND COSTA RICA, WE SECURED COMMITMENTS FROM 74 FRUIT FARMS (INCLUDING AVOCADO PACKING PLANTS) AND EIGHT LABOR CONTRACTORS TO PARTICIPATE IN RESPONSIBLE RECRUITMENT INTERVENTIONS. OUR APPROACH IS BASED ON A TOOLKIT DEVELOPED IN COLLABORATION WITH WORKERS' RIGHTS INITIATIVE STRONGER TOGETHER.

FORM 990, PART III, LINE 4A

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RAINFOREST ALLIANCE, INC

LANDSCAPES AND COMMUNITIES

WE ARE DRIVING SUSTAINABILITY TRANSFORMATION ACROSS VAST LANDSCAPES. IN PARTNERSHIP WITH ALL LAND USERS, WE TACKLE COMPLEX AND INTERCONNECTED CHALLENGES THAT ARE TOO BIG TO TAKE ON ALONE-FROM CLIMATE CHANGE AND DEFORESTATION TO HUMAN RIGHTS AND RURAL POVERTY.

UPLIFTING WOMEN TO HELP LANDSCAPES THRIVE IN CAMEROON WHEN WOMEN LEAD, IT BENEFITS FAMILIES, COMMUNITIES, AND ENTIRE LANDSCAPES. IN TWO OF CAMEROON'S MOST IMPORTANT BIODIVERSITY HOTSPOTS-THE WESTERN HIGHLANDS AND DJA RESERVE-THE RAINFOREST ALLIANCE IS WORKING TO STRENGTHEN COMMUNITY-LED LANDSCAPE MANAGEMENT AND PROMOTE WOMEN AS SUSTAINABILITY CHAMPIONS. OUR GOALS INCLUDE HELPING THESE COMMUNITIES ESTABLISH LANDSCAPE MANAGEMENT BOARDS (LMBS) WITH AT LEAST 30 PERCENT WOMEN'S PARTICIPATION, AND BOOSTING WOMEN-LED LOCAL ENTERPRISES. OUR CAMEROON TEAM HAS WORKED HARD TO ADDRESS THE EVERYDAY HURDLES THAT LOCAL WOMEN FACE AND TO OPEN UP NEW OPPORTUNITIES FOR LEADERSHIP ROLES. WE CREATED WORKSHOP SPACES THAT ARE CHILD- AND INFANT-FRIENDLY, ENGAGED DIRECTLY WITH TRADITIONAL AUTHORITIES AND PARTICIPANTS' HUSBANDS AND FAMILY MEMBERS TO ENSURE THEY EMBRACE THE WOMEN'S EFFORTS, AND MORE. IN 2022, WE REACHED SOME MAJOR MILESTONES. THE COMMUNITY-RUN LMBS ARE FULLY FUNCTIONING ACROSS NINE MUNICIPALITIES WITH AN AVERAGE OF 32 PERCENT WOMEN'S PARTICIPATION-A NUMBER THAT'S ALREADY HIGHER THAN OUR ORIGINAL TARGET. ADDITIONALLY, FIVE WOMEN-LED BUSINESSES (SELLING AGRICULTURAL AND FOREST PRODUCTS) ARE RECEIVING REGULAR SUPPORT FOR

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Employer identification number 13-3377893

RAINFOREST ALLIANCE, INC

IMPROVED BUSINESS MANAGEMENT.

COP27 SIDE EVENT: LAND RESTORATION PROTECTS PEOPLE AND NATURE

DURING COP27, NADÈGE NZOYEM, OUR SENIOR DIRECTOR FOR WEST AND CENTRAL AFRICA, JOINED A PANEL OF CLIMATE LEADERS TO DISCUSS HOW EXPANDING PROVEN LAND RESTORATION TECHNIQUES CAN HELP US ACHIEVE OUR CLIMATE GOALS. SHE SHARED LEARNINGS FROM OUR WORK IN CAMEROON TO SHOW THE IMPORTANCE OF A MULTI-STAKEHOLDER APPROACH TO LANDSCAPE MANAGEMENT, EMPHASIZING THE NEED FOR LONG-TERM FINANCIAL SUPPORT.

THIS EVENT WAS PUT ON BY THE RAINFOREST ALLIANCE AND LANDSCAPE FINANCE
LAB (PARTNERS OF 1,000 LANDSCAPES FOR 1 BILLION PEOPLE) ALONG WITH WORLD
VISION AUSTRALIA AND THE IKEA FOUNDATION. NZOYEM ALSO SHARED OUR WORK IN
CAMEROON AT TWO ADDITIONAL EVENTS ORGANIZED BY THE RAINFOREST ALLIANCE.

WHAT IS "INTEGRATED LANDSCAPE MANAGEMENT" (ILM)?

THROUGH OUR ILM APPROACH, THE RAINFOREST ALLIANCE WORKS WITH RURAL COMMUNITIES TO BUILD DYNAMIC LANDSCAPE PARTNERSHIPS THAT UNITE ALL LAND USERS: FARMERS, FOREST ENTERPRISES, LOCAL LEADERS, COMPANIES, AND GOVERNMENTS.

LAUNCHING THE LANDSCALE PLATFORM

LANDSCALE IS ALL-IN-ONE TOOL THAT ALLOWS USERS TO ASSESS SOCIAL AND

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RAINFOREST ALLIANCE, INC.

ENVIRONMENTAL RISKS (SUCH AS DEFORESTATION OR LAND CONFLICT) AND INVEST IN, MONITOR, MEASURE, AND COMMUNICATE THEIR SUSTAINABILITY IMPACTS AT THE LANDSCAPE LEVEL. AFTER A THREE-YEAR PILOT PHASE, LANDSCALE OFFICIALLY

THE WORLD HAS SEEN A POST-COVID SPIKE IN CHILD LABOR CASES, BUT AS THE

HARNESSING A GLOBAL VILLAGE TO TACKLE CHILD LABOR

LAUNCHED ITS ONLINE PLATFORM IN APRIL 2022.

EXPERIENCES OF OUR "GLOBAL VILLAGE" SHOW, WE CAN MAKE HUGE STRIDES TO CHANGE THE COURSE. BY BRINGING TOGETHER PARENTS, TEACHERS, FARMERS, GOVERNMENTS, NGOS, BUSINESSES, AND MILLIONS OF INDIVIDUALS, WE AIM TO ENSURE THAT ALL CHILDREN GROW UP IN DIGNITY.

WE BELIEVE THE BEST WAY TO ELIMINATE CHILD LABOR IS TO TACKLE ITS ROOT CAUSES, WHICH RANGE FROM RURAL POVERTY AND WEAK LAW ENFORCEMENT TO TRADITIONAL GENDER NORMS AND A LACK OF ACCESS TO QUALITY EDUCATION. FOR EXAMPLE, IN CôTE D'IVOIRE, TOGETHER WITH LOCAL NGO, ORASSUR, WE HAVE SET UP VILLAGE SAVINGS AND LOAN ASSOCIATIONS (VSLAS) IN 22 COCOA-GROWING COMMUNITIES ACROSS THE EAST AND SOUTHWEST. DEVELOPED IN TANDEM WITH COMMUNITY-BASED CHILD LABOR COMMITTEES, THESE ASSOCIATIONS PROMOTE INCOME-GENERATING ACTIVITIES AMONG THEIR MEMBERS, WITH A STRONG FOCUS ON WOMEN, WHO ARE OFTEN CUT OFF FROM INDEPENDENT ACCESS TO FINANCE. THE VSLAS ALSO HELP MEMBERS MANAGE AN EDUCATION FUND TO COVER THE COST OF SCHOOL FEES FOR THEIR CHILDREN.

PUTTING FARMERS AT THE HEART OF OUR WORK WITH THE COMMUNITY LISTENING

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RAINFOREST ALLIANCE, INC

**PROGRAM** 

IN 2022, THE COMMUNITY LISTENING PROGRAM WAS LAUNCHED IN GUATEMALA,
GHANA, AND MEXICO TO DEVELOP AND TEST A SET OF TOOLS FOR GATHERING,
SYNTHESIZING, AND RESPONDING TO STAKEHOLDER FEEDBACK.

SINCE THEN, WE'VE CONDUCTED ONE-ON-ONE INTERVIEWS WITH OVER 300 FARMERS
AND OTHER COMMUNITY MEMBERS, LEARNING ABOUT THEIR EXPERIENCES WITH
RAINFOREST ALLIANCE PROGRAMS AND PROJECTS AND GATHERING SUGGESTIONS FOR
IMPROVEMENT. WE LEARNED, FOR EXAMPLE, THAT STAKEHOLDERS VIEW THE TRAINING
PROVIDED BY THE RAINFOREST ALLIANCE AS A MAJOR BENEFIT OF PARTNERING WITH
US AND ARE ESPECIALLY INTERESTED IN ADDITIONAL TRAINING ON INCOME
DIVERSIFICATION STRATEGIES.

FOREST ALLIES: A UNIQUE PARTNERSHIP BETWEEN LOCAL COMMUNITIES AND COMPANIES

IN ALL OUR LANDSCAPE WORK, WE CENTER THE VOICES OF THOSE WHO CALL THESE PLACES HOME. WHEN IT COMES TO ADDRESSING THE CLIMATE CRISIS AND COMBATING FOREST DEGRADATION AND DEFORESTATION, FOREST COMMUNITIES HAVE INVALUABLE FIRSTHAND KNOWLEDGE TO SHARE WITH THOSE WHO WANT TO DEVELOP AND INVEST IN EFFECTIVE SOLUTIONS.

THAT'S WHERE FOREST ALLIES COMES IN: WE'RE FORGING A POWERFUL ALLIANCE
BETWEEN COMPANIES, LOCAL COMMUNITIES, REGIONAL AND INTERNATIONAL
ORGANIZATIONS, GOVERNMENTS, AND OTHER STAKEHOLDERS TO SUPPORT FOREST
COMMUNITIES TO SOLVE THE COMPLEX PROBLEMS THEY FACE. FOREST ALLIES IS AN

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RAINFOREST ALLIANCE, INC.

OPPORTUNITY FOR HOLISTIC COLLABORATION AND, FOR COMPANIES, IMPACTFUL INVESTMENT IN THE REGIONS THEY SOURCE FROM AND BEYOND.

OUR COMPANY PARTNERS HELP US FINANCE THIS WORK; THEIR INITIAL INVESTMENTS HELPED US SECURE AN ADDITIONAL US\$2.4 MILLION IN DONOR FUNDING.

#### FORM 990, PART III, LINE 4B

2030 VISION

A SYSTEMIC APPROACH IS NEEDED - A TRANSFORMATIVE GLOBAL ALLIANCE THAT

PUTS RURAL COMMUNITIES AT THE HEART OF THE SOLUTION. WE ACCELERATE CHANGE

AT THE SPEED AND SCALE THE WORLD NEEDS.

THE THREE PILLARS OF THIS APPROACH ARE:

. REGENERATIVE AGRICULTURE

CHANGING OUR FOOD SYSTEM BEGINS WITH MEETING THE NEEDS OF THE PEOPLE WHO GROW OUR FOOD: FARMERS. THAT'S WHY OUR MODEL FOR CHANGE STARTS WITH CREATING CONDITIONS FOR THRIVING RURAL PRODUCERS IN SOME OF THE WORLD'S MOST CRITICAL TROPICAL LANDSCAPES.

THIS KICKS OFF A FLYWHEEL EFFECT THAT BRINGS POSITIVE CHANGE TO EVERYBODY WHO'S TOUCHED BY THIS MARKET-FROM STIMULATING DEMAND FROM COMPANIES AND CONSUMERS TO ATTRACTING MORE FUNDING AND SUPPORT FOR REGENERATIVE AGRICULTURE.

. THRIVING LANDSCAPES

### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 13-3377893

RAINFOREST ALLIANCE, INC

WE WILL FOCUS THE FULL POWER OF OUR ALLIANCE ON FIVE KEY LANDSCAPES

ACROSS LATIN AMERICA, AFRICA, AND ASIA. THESE ARE ALL PLACES OF EXTREMELY

HIGH ENVIRONMENTAL VALUE, WHERE THREATS TO PEOPLE AND NATURE INTERSECT ON

A DAILY BASIS.

TO MAXIMIZE OUR IMPACT, WE NEED AN INCLUSIVE AND INTEGRATED APPROACH.

THIS MEANS BRINGING ALL LANDSCAPE USERS TOGETHER-AND ALL TOOLS AT OUR

DISPOSAL-BEHIND A SHARED VISION FOR SYSTEM CHANGE.

. IMPACT DATA

TO TRACK OUR IMPACTS-AND DO SO TRANSPARENTLY.

THE RAINFOREST ALLIANCE IS COMMITTED TO BUILDING ONE INTEGRATED DATA

SYSTEM FOR ALL OUR PROGRAMS, FROM FARM TO LANDSCAPE LEVEL. THIS, IN TURN,

WILL UNLOCK FURTHER OPPORTUNITIES FOR IMPACT AND SMART INVESTMENTS ACROSS

GLOBAL VALUE CHAINS.

AMBITION IS ONE THING AND ACCOUNTABILITY IS ANOTHER. THAT'S WHY WE NEED

IN 2022, WE FOCUSED ON HELPING TEA FARMERS TACKLE CLIMATE CHALLENGES-FROM RISING TEMPERATURES AND UNPREDICTABLE RAINFALL TO OUTBREAKS OF TEA MITES AND WEEVILS. OUR EFFORTS ARE ROOTED IN THE RAINFOREST ALLIANCE'S REGENERATIVE AGRICULTURE APPROACH -PRACTICES THAT HEAL THE LAND, LIKE ORGANIC COMPOSTING, PLANTING COVER CROPS, AND MINIMUM TILLAGE. ENOS GICHANGA MURIUKI, RAINFOREST ALLIANCE CERTIFIED TEA FARMER IN KIRINYAGA, NOTES THAT HIS INCOME HAS IMPROVED FOLLOWING THE TRAININGS. HE IS

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

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Employer identification number

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RAINFOREST ALLIANCE, INC.

13-3377893

ESPECIALLY PROUD THAT "NOTHING GOES TO WASTE ON OUR FARM," SINCE HE NOW

TURNS LIVESTOCK MANURE INTO HOUSEHOLD BIOGAS AND ORGANIC FERTILIZER. WHEN

NINE DAYS OF HEAVY RAINS DEVASTATED A COMMUNITY IN ENDE, EAST NUSA

TENGGARA, LOCAL COCOA FARMERS JOINED FORCES WITH THE RAINFOREST ALLIANCE

TO REBUILD THEIR LIVELIHOODS-AND PREPARE FOR FUTURE CLIMATE SHOCKS.

TOGETHER WITH OUR PARTNER NGO RIKOLTO, WE RAN TRAININGS IN CLIMATE-SMART

FARMING TECHNIQUES FOCUSED ON FLOOD PREVENTION AND CROP HEALTH- FROM

SEASONAL PRUNING AND MULCHING TO DIGGING "RORAK" PITS TO COLLECT

RAINWATER RUNOFF. THIS WORK IS PART OF OUR WIDER INITIATIVE TO IMPROVE

THE LIVELIHOODS OF COCOA FARMERS IN SEVEN REGIONS ACROSS INDONESIA. IN

2022, WE TRAINED 1,690 SMALLHOLDERS IN KEY SKILLS, INCLUDING CLIMATE

RESILIENCE, GENDER EQUALITY AWARENESS, FARMING AS A BUSINESS, AND COCOA

FERMENTATION.

### 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

### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

COUNSEL REVIEWS THE DRAFT 990 WITH RESPECT TO ANY QUESTIONS INVOLVING LEGAL MATTERS. THE DRAFT FORM 990 IS DISTRIBUTED TO EACH OF THE ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF FILING. 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 "GUIDELINES") THAT APPLY IN SETTING THE COMPENSATION OF ALL OF ITS

### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

13-3377893

RAINFOREST ALLIANCE, INC.

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

### 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.

OMB No. 1545-0047

2022

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Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

COUNTRIES AND INCURS FOREIGN TRANSLATION GAINS/LOSSES. FOR THE TAX YEAR ENDED DECEMBER 31, 2022, \$337,762 OF FOREIGN CURRENCY EXCHANGE GAINS WERE INCURRED.

#### 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 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.

### FORM 990, PART V, LINE 4B

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

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

INDONESIA
CAMEROON
COSTA RICA
GHANA
GUATEMALA
HONDURAS
MEXICO
UNITED KINGDOM
PERU
KENYA

27637U M998

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

27637U M998

Name of the organization		Employer identification number
RAINFOREST ALLIANCE, ]	INC.	13-3377893

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES	ST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ACCENTURE LLP		
500 W MADISON STREET		
CHICAGO, IL 60661	MGMT CONSULTANT	756,708.
MICROSOFT CORPORATION		
ONE MICROSOFT WAY		
REDMOND, WA 98052	INFO TECHNOLOGY	633,072.
LUCKY GENERALS NY		
245 5TH AVENUE		
NEW YORK, NY 10016	COMM CONSULTANT	300,398.
ACCENTURE INTERNATIONAL LTD		
1 GRAND CANAL SQUARE, GRAND CANAL HARBOU		
DUBLIN		
IRELAND D02 P820	MGMT CONSULTANT	279,200.
CHAINPOINT BV		
MR. E.N. VAN KLEFFENSSTRAAT 12		
ARNHEM		
NETHERLANDS 6842 CV	INFO TECHNOLOGY	243,467.

Name of the organization			Employer identification	n number
RAINFOREST ALLIANCE, INC	Z.		13-3377893	3
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTING	8,642,415.	5,685,131.	2,967,299.	-10,015.
TOTALS				
	8,642,415.	5,685,131.	2,967,299.	-10,015.

Name of the organization Employer identification number RAINFOREST ALLIANCE, INC. 13-3377893

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
EQUITY ETF	5,594.	4,622.	FMV
US FIXED INCOME	20,099,710.	18,464,397.	FMV
US LARGE CAP EQUITY	10,237,218.	8,162,921.	FMV
EAFE EQUITY	3,227,882.	3,006,747.	FMV
GLOBAL EQUITY	3,968,867.	2,820,972.	FMV
TOTALS			
	37,539,271.	32,459,659.	
	=========	==========	

27637U M998

### 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

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 appli	cable) of disregarded	d entity		<b>(b)</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-A	LIANZA	98-	1051195					
AV MAZATLAN N 66, COL. CONDESA	CIUDAD DE	MEXICO,	MX 0614	L&L	MX	3,345,689.	822,992.	RA
(2) RAINFOREST ALLIANCE LTD		98-	1051166					
GREEN HOUSE, CAMBRIDGE HEATH R	LONDON,	UK E2 9DA		L&L/MARKETS	UK	2,344,957.	133,690.	RA
(3) RAINFOREST ALLIANCE (GHANA)		98-	1051463					
HSE NO. 36 ABOTSI STREET	EAST LEGO	N, ACCRA,	GH	L&L/RE CERT	GH	1,406,931.	137,346.	RA
(4) PT RAINFOREST ALLIANCE		98-	1051106					
JI BATURSARI NO.31, MEDURA	DENPASAR	SELATAN,	BALI ID	RE CERT/L&L	ID	68,796.	1,008,319.	RA
(5) RAINFOREST ALLIANCE CANADA		98-	1051454					
285 MCLEOD STREET	OTTAWA, O	NTARIO CA	K2P1A1	INACTIVE	CA		NONE	RA
(6) RAINFOREST ALLIANCE TRADING	LTD	98-	1069583					
GREEN HOUSE, CAMBRIDGE HEATH R	LONDON,	UK E2 9DA		INACTIVE	UK		NONE	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>(b)</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	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) RAINFOREST ALLIANCE HOLDING, INC. 82-4110897							
27 EAST 28TH STREET, 8TH FLOOR NEW YORK, NY 10016	SUSTAINABILIT	DE	501(C)(3)	7	N/A		Х
(2) STICHTING RAINFOREST ALLIANCE							
DE RUYTERKADE 6 AMSTERDAM, NL 1013 AA	SUSTAINABILIT	NL			RA HOLDING		Х
(3)							
(4)							
(5)	-						
(6)	-						
(7)							

**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. Part III

(a) Name, address, a related organ	<b>(b)</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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
		Country					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
	1											

**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. Part IV

<i>,</i>			, ,					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(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	Secti 512(b) contro entity	ion )(13) olled ty?
(1)								_
(2)								_
(3)								_
(4)								_
(5)								_
(6)								_
(7)								

Yes No

Χ

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?

Part V

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

b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s).	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		_X_
S	Other transfer of cash or property from related organization(s).	1s		X
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 thre		3.	
	(a)   (b)   (c)     Name of related organization   Transaction   Amount involved   Method	(d) of dete	rminin	ıq
		ınt invo		•
1)				
1)				
2)				
<u>~)</u>				
3)				
υ,				
4)				
,				
5)				
-,				
6)				
· /	Schedule R (	Form	990) 2	2022
<b>^</b>	·			

### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	Are all sec 501( organiz	c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

### Part VII Supplemental Information

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

### Form **8858**

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service

OMB No. 1545-1910

Attachment Sequence No. **140** 

Internal Revenue Service Degitiming 01/01/202	Z , and ending 12	4/31/4U44	
Name of person filing this return			Filer's identifying number
RAINFOREST ALLIANCE, INC.			13-3377893
Number, street, and room or suite no. (or P.O. box number if mail is not delive	ered to street address)		
27 WEST 28TH STREET, 8TH FLOOR			
City or town, state, and ZIP code			
NEW YORK N	Y 10016		
iler's tax year beginning	, and ending		
mportant: Fill in all applicable lines and schedules.	All information <b>must</b> be	in English. All amour	nts <b>must</b> be stated in
U.S. dollars unless otherwise indicated.		(050)	
F=-	f a controlled foreign corporation	` ′ 📙	a controlled foreign partnership
FB of a U.S. person FB of a	CFC	FB of a	controlled foreign partnership
Check here   Initial 8858   Final 8858  1a Name and address of FDE or FB PT RAINFOREST ALLIANO	38	b(1) 11.9	S. identifying number, if any
	JE .	` '	
JT BARUSARI NO. 31, MEDURA	00000		1051106 ference ID number (see instructions)
KOTA DENPASAR BALI	80228	` '	,
INDONESIA  c For FDE, country(ies) under whose laws organized and entity type under	local toy low	d Date(s) of organization	1051106A e Effective date as FDE
c For FDE, country(les) under whose laws organized and entity type under	local tax law	d Date(s) of organization	e Ellective date as FDE
INDONESIA		08/23/2002	08/23/2002
	ntry in which principal business	h Principal business	i Functional currency
	vity is conducted	activity	, , , , , ,
TNDC	NESIA	RA CERT/L&L	IDR
2 Provide the following information for the FDE's or FB's accounting period		INA CERT/ DAD	IDN
a Name, address, and identifying number of branch office or agent (if any)		ddress (including corporate de	epartment, if applicable) of person(s)
the United States			e FDE or FB, and the location of
RAINFOREST ALLIANCE, INC. C/O N. ADBELHA		and records, if different T ALLIANCE SRL C	' O PEPY TAN
27 WEST 28TH STREET, 8TH FLOOR		RI NO. 31, MEDUR	
NEW YORK NY 10016	KOTA DENP	•	11 00220
13-3377893	BALI ID	1101110	
For the tax owner of the FDE or FB (if different from the filer), provide the			
a Name and address		unting period covered by the r	eturn (see instructions)
	c(1) U.S. identi	ifying number, if any	
	c(2) Reference	ID number (see instructions)	
	d Country und	er whose laws organized	e Functional currency
For the direct owner of the FDE or FB (if different from the tax owner),	provide the following (see instruct	ions):	1
a Name and address	<b>b</b> Country und	er whose laws organized	
	c U.S. identifyi	ng number, if any	d Functional currency
	c U.S. identifyi	ng number, if any	d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

direct or indirect interest. See instructions.

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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 U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box

,	are using the average exchange rate (actornimed ander section 505(b)), oncon		onowing box		•
			Functional Currency	U.S. D	ollar
1	Gross receipts or sales (net of returns and allowances)	1	1,021,330,907.		68,796.
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3	1,021,330,907.		68,796.
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	5,862,598,653.		394,898.
10	Total income (add lines 3 through 9)	10	6,883,929,560.		463,694.
11	Total deductions (exclude income tax expense)	11	6,642,534,476.		447,434.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14	241,395,084.		16,260.
Sche	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> 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	Amount of functional of recip	stated in currency of
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 1.987-12 (attach				
	statement)	3			
				Yes	No
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 refrom the FDE or FB during the tax year? If "Yes," attach a statement describing the rethe change and new method of accounting	espec netho	t to remittances d used prior to		

### 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>(b)</b> End of annual accounting period
1	Cash and other current assets	1	196,180.	317,596.
2	Other assets	2	870,442.	690,724.
3	Total assets	3	1,066,622.	1,008,320.
	Liabilities and Owner's Equity			
4	Liabilities	4	10,769.	21,228.
5	Owner's equity	5	1,055,853.	987,092.
6	Total liabilities and owner's equity	6	1,066,622.	1,008,320.

### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	g,,,,g		
	partnership?		X
3	Answer 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			
	foreign taxes that were previously suspended under section 909 as no longer suspended?		

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Sche	dule G Other Information (continued)		- 1	
			es	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?	• •		X
	De not consider l'est 7 and 0 'f annual est 'est' 'd al also conserve ED as EDE d'actions des contra			
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers	Of		
	FBs and FDEs.			
7-	During the tour year did the EDE or ED proving an arrange the provint of any arranged defined as			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as			
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from the control of the c	- 1		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines			37
	and 7c	• •		X
b	Enter the total amount of the base erosion payments \$			
С	Enter the total amount of the base erosion tax benefit \$			
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a ba	- 1		
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to	- 1		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8	c		X
b	Enter the total amount of the base erosion payments \$			
С	Enter the total amount of the base erosion tax benefit \$			
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between	- 1		
	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or			
	acted as a manufacturing, selling, or purchasing branch?			
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is			
	U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE	is		
	treated as a U.S. corporation solely for purposes of these questions.			
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is r			
	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit ha	ve		
	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?			
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ (	_)		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit unc	- 1		
	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss			
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c			
b	Enter the amount of the dual consolidated loss for the combined separate unit . ▶ \$ (	_)		
С	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determin	ed		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)	_		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U			
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13			
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6?	lf		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d			
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations secti	on		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a			
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidate	ed		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e			
е	Enter the separate unit's contribution to the cumulative consolidated taxable incor	ne		
	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.			
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiri	ng		
	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?			
	If "Yes," enter the total amount of recapture . ▶ \$ . See instructions.			
	dule H Current Earnings and Profits or Taxable Income (see instructions)			
mport	ant: Enter the amounts on lines 1 through 6 in functional currency.			
1	Current year net income (loss) per foreign books of account	1	241,	395,084.
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	241,	395,084.
5	DASTM gain (loss) (if applicable)	5		
6	Combine lines 4 and 5	6	241,	395,084.
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		16,260.
8	Enter exchange rate used for line 7			

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### Transferred Loss Amount (see instructions) Schedule I **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," 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 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.......... Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J **Foreign Income Taxes** Foreign Tax Credit Separate Categories (b) Foreign Tax Year (YYYY-MM-DD) (a) Country or (d) Conversion Rate (f) Foreign Branch (c) Foreign Currency (e) U.S. Dollars (h) General (i) Other Possession

Form **8858** (Rev. 9-2021)

27637U M998

**Totals** 

### SCHEDULE M (Form 8858)

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service ► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858						Identifyi	ng number
RAINFOREST ALLIANCE, INC.						13-3	377893
Name of FDE or FB U.S. identifying n				Reference ID number (see instructions)			
PT RAINFOREST ALLIANCE 98-1051106				98-1051106			
Name of tax owner				U.S. ide	ntifying number, it	any	
Important: Complete a separate Sche the annual accounting period between be stated in U.S. dollars translated f	the FDE or FB ar	nd the per	sons listed	in the applicable co	olumns (b) th	rough (i	f). All amounts mus
instructions.	rom ramotronar ot	arronoy a	tino appr	ophato oxonango re		DL 0 01	1 Bo tax your. ood
Enter the relevant functional currency and	the exchange rate II	sed through	nout this ech	adula 🕨			
Column headings. This schedule con					t identifies th	na stati	is of the tax owner
and complete lines 1 through 21 with				n headings.	T Identifies ti	ic state	- Inc tax owner
Controlled Foreign Partnership  (a) Transactions of FDE or FB	(b) U.S. person filing this return	corpo parti contr	domestic ration or nership olling or d by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. p with a 10% o direct interest controlled for partnership of than the fi	r more in the reign other	
Controlled Foreign Corporation  (a) Transactions of FDE or FB	(b) U.S. person filing this return	corpo partnersh	domestic ration or ip controlled ne filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or mo shareholder corporati controlling the owner	of any on	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
(a) Transactions of	(b) U.S. person filing this return (other than the tax owner of the	corpo partnersh by the file	domestic ration or ip controlled r (other than wner of the	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled	(e) Any for partnership (inc branches or F controlling or c	luding its DEs)	
FDE or FB	FDE or FB)		or FB)	by the filer	by the file	er	
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for certain							
services							
4 Commissions received							
5 Rents, royalties, and license fees							
received							
6 Dividends/Distributions received							
7 Interest received							
8 Loan guarantee fees received							
9 Other							
10 Add lines 1 through 9							
11 Purchases of inventory							
12 Purchases of tangible property							
other than inventory							
13 Purchases of property rights							
14 Compensation paid for certain							
services							
<ul><li>15 Commissions paid</li><li>16 Rents, royalties, and license fees</li></ul>							
paid							
17 Interest paid							
18 Loan guarantee fees paid							
19 Add lines 11 through 18							
20 Amounts borrowed							
(see instructions)							

Schedule M (Form 8858) (Rev. 9-2021)

21 Amounts loaned

### Form **8858**

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service

OMB No. 1545-1910

Attachment Sequence No. **140** 

internal Revenue Service Deginning UI/UI	/ 4 0 4 4 ,	and ending 12	/ 31/ 4044		· · ·
Name of person filing this return					Filer's identifying number
RAINFOREST ALLIANCE, INC.					13-3377893
Number, street, and room or suite no. (or P.O. box number if mail is	not delivered to street a	ddress)			
27 WEST 28TH STREET, 8TH FLOO	R				
City or town, state, and ZIP code					
NEW YORK	NY 100	16			
Filer's tax year beginning		, and ending			
mportant: Fill in all applicable lines and scheo U.S. dollars unless otherwise indica		tion <b>must</b> be	in English. All	l amount	s <b>must</b> be stated in
Check here X FDE of a U.S. person	FDE of a controlled	foreign corporation (	CFC)	FDE of a	controlled foreign partnership
FB of a U.S. person	FB of a CFC			FB of a c	controlled foreign partnership
Check here Initial 8858 Final 8					
1a Name and address of FDE or FB RAINFOREST ALLIA	ANCE MEXICO -	- ALLIANZA		<b>b(1)</b> U.S.	identifying number, if any
AV. MAZATLAN 66, COLONIA CONDESA				98-1	.051195
CIUDAD DE MEXICO	0614	10		b(2) Refe	erence ID number (see instructions)
MEXICO				98-1	.051195A
c For FDE, country(ies) under whose laws organized and entity ty	pe under local tax law		d Date(s) of org	anization	e Effective date as FDE
MEXICO			06/15/2	1005	06/15/2005
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 activity is conduct		h Principal business activity		i Functional currency
	MEXICO		L&L		MXN
2 Provide the following information for the FDE's or FB's accounti					
Name, address, and identifying number of branch office or ager the United States  RAINFOREST ALLIANCE, INC. C/O N. ADI	, ,,	with custody of such books a	of the books and rend records, if different	ecords of the ent	artment, if applicable) of person(s) FDE or FB, and the location of C/O CLARA GARCIA
27 WEST 28TH STREET, 8TH FLOOR		MAZATIAN 6	56, COL. CO	ONDESA	06140
NEW YORK NY 10016		MEXICO CIT	ГҮ		
13-3377893		MX			
3 For the tax owner of the FDE or FB (if different from the filer),	provide the following (se	ee instructions):			
a Name and address		<b>b</b> Annual accou	Inting period cover	ed by the ret	turn (see instructions)
		c(1) U.S. identify	ying number, if any		
		c(2) Reference I	ID number (see inst	ructions)	
		d Country unde	er whose laws organ	ized	e Functional currency
4 For the direct owner of the FDE or FB (if different from the ta:	x owner), provide the fol	lowing (see instruction	ons):		
a Name and address	·	<b>b</b> Country unde	er whose laws organ	ized	
		c U.S. identifyin	ng number, if any		d Functional currency
5 Attach an organizational chart that identifies the name, place ownership between the tax owner and the FDE or FB, and the					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

direct or indirect interest. See instructions.

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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 U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box . . . . . . . . . . . . .

,	are deling the average exemangerate (determined ander ecetion ece(2)), entern		onoming box i i		
			Functional Currency	U.S. D	Oollar
1	Gross receipts or sales (net of returns and allowances)	1	67,278,989.	3	,345,689.
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3	67,278,989.	3	,345,689.
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	127,583.		6,345.
10	Total income (add lines 3 through 9)	10	67,406,572.	3	,352,034.
11	Total deductions (exclude income tax expense)	11	75,852,012.	3	,772,014.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14	-8,445,440.		-419,980.
Scho	edule C-1 Section 987 Gain or Loss Information				
	<b>Note:</b> 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	Amount of functional of recip	stated in currency of
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 1.987-12 (attach				
	statement)	3			
				Yes	No
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 re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				

### 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>(b)</b> End of annual accounting period
1	Cash and other current assets	1	908,685.	750,173.
2	Other assets	2	93,257.	72,819
3	Total assets	3	1,001,942.	822,992.
	Liabilities and Owner's Equity			
4	Liabilities	4	72,560.	262,627.
5	Owner's equity	5	929,382.	560,365.
6	Total liabilities and owner's equity	6	1,001,942.	822,992.

### 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 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?		

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Sche	dule G Other Information (continued)	1 1/	
			es No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?	•	X
	De not consider l'est 7 and 0 'f annual est 'est' 'd allaha annual ED as EDE d'action de south d'annual d'acti		
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers	of	
	FBs and FDEs.		
7-	During the toy year did the FDE or FD receive or econic the receipt of any employed defined on		
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as	I .	
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from the control of the c	<b>I</b>	
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines		V
_	and 7c	•	X
b	Enter the total amount of the base erosion payments \$		
C	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a ba	<b>I</b>	
	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to	<b>I</b>	V
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8	c.	X
b	Enter the total amount of the base erosion payments \$		
C	Enter the total amount of the base erosion tax benefit \$		
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions betwee	<b>I</b>	
	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or		
	acted as a manufacturing, selling, or purchasing branch?		
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE		
	treated as a U.S. corporation solely for purposes of these questions.	18	
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is r	ot	
iva	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit ha	I .	
	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	ve	
b	If "Yes," enter the amount of the dual consolidated loss	,	
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit unc	-/	
ııa	Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss	<b>I</b>	
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit . ► \$ (		
C	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determin		
•	under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ▶ \$		
12a	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	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6?	I .	
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d	I .	
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations secti	I .	
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a	I .	
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidat	I .	
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable incor	ne	
	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiri	ng	
	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?		
	If "Yes," enter the total amount of recapture See instructions.		
	dule H Current Earnings and Profits or Taxable Income (see instructions)		
mport	ant: Enter the amounts on lines 1 through 6 in functional currency.		
1	Current year net income (loss) per foreign books of account	1	-8,445,440.
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	-8,445,440.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5	6	-8,445,440.
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	-419,980.
8	Enter exchange rate used for line 7		

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### Transferred Loss Amount (see instructions) Schedule I **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," 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 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.......... Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J **Foreign Income Taxes** Foreign Tax Credit Separate Categories (b) Foreign Tax Year (YYYY-MM-DD) (a) Country or (d) Conversion Rate (f) Foreign Branch (c) Foreign Currency (e) U.S. Dollars (h) General (i) Other Possession

Form **8858** (Rev. 9-2021)

27637U M998

**Totals** 

### SCHEDULE M (Form 8858)

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service ► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

			Identifying number	
			13-3377893	
U.S. identifying number, if any		Reference ID number (see instructions)		
98-1051195		98-1051195A		
		U.S. identifying number,	f 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 21 with respect to the applicable set of column headings.

Controlled Foreign Partnership (a) Transactions of FDE or PB  Controlled Foreign Corporation (b) U.S. person filing this return (b) U.S. person filing this return (c) D.V. person filing this return (a) Transactions of FDE or PB  Controlled Foreign Corporation (b) U.S. person filing this return (c) U.S. person filing this return (d) Transactions of FDE or PB  (e) U.S. person filing this return (c) D.V. person filing this return (c) D	unc	roompioto iinoo i tinougii zii wit	ii reopeot to the app	noable oot or column	i noddingo.		
Combination of Composition of PEDE or FB  (a) Transactions of FDE or FB  (b) U.S. person filing this return (b) U.S. person filing this return (c) Any domestic composition or partnership controlled by the filer (other than his account) (a) Transactions of FDE or FB  (b) U.S. person filing this return (c) Any domestic composition or partnership controlled by the filer (other than his account) (a) Transactions of FDE or FB  (b) U.S. person filing this return (c) Any domestic composition (including its branches or FDE) and the tax owner of the PDE or FB)  1 Sales of inventory , 2 Sales of property rights . 3 Compensation received for certain services , 4 Commissions received . 5 Rents, royalties, and license fees received . 6 Dividends/Distributions received . 7 Interest received . 9 Other . 10 Add lines 1 through 9 . 11 Purchases of inventory . 12 Purchases of tangible property other than inventory . 13 Purchases of roperty rights . 14 Compensation paid for certain services . 15 Commissions paid . 16 Rents, royalties, and license fees paid . 17 Interest paid . 18 Loan guarantee fees paid . 19 Add lines 1 through 18 . 20 Amounts bornowed (see instructions) .		(a) Transactions of		corporation or partnership controlling or	corporation or partnership controlling or controlled by the filer (other than the	with a 10% or more direct interest in the controlled foreign partnership (other	
(a) Transactions of FDE or FB  (b) Us, person timing this return of FDE or FB  1 Sales of inventory 2 Sales of property rights. 3 Compensation received for certain services received. 5 Rents, royalties, and license fees received. 6 Dividends/Distributions received 7 Interest received. 8 Loan guarantee fees received. 9 Other 10 Add lines 1 through 9. 11 Purchases of inventory. 12 Purchases of property rights. 13 Purchases of property rights. 14 Compensation paid for certain services. 15 Rents, royalties, and license fees received. 16 Add lines 1 through 9. 17 Interest paid. 18 Loan guarantee fees property other than inventory. 19 Purchases of tangible property other than inventory. 10 Rents, royalties, and license fees paid. 10 Rents, royalties, and license fees paid. 11 Purchases of property rights. 12 Compensation paid for certain services paid. 19 Add lines 11 through 18. 20 Amounts borrowed (see instructions).		(a) Transactions of		corporation or partnership controlled	corporation or partnership controlled by the filer (other	shareholder of any corporation controlling the tax	shareholder, or other owner, of any entity controlling the tax
2 Sales of property rights	X	(a) Transactions of	this return (other than the tax owner of the	corporation or partnership controlled by the filer (other than the tax owner of the	corporation (including its branches or disregarded entities) controlling or controlled	partnership (including its branches or FDEs) controlling or controlled	
2 Sales of property rights	1	Sales of inventory					
3 Compensation received for certain services	2						
4 Commissions received 5 Rents, royalties, and license fees received 6 Dividends/Distributions received 7 Interest received 8 Loan guarantee fees received 9 Other 10 Add lines 1 through 9 11 Purchases of inventory 12 Purchases of tangible property other than inventory 13 Purchases of property rights 14 Compensation paid for certain services 15 Commissions paid 16 Rents, royalties, and license fees paid 17 Interest paid 18 Loan guarantee fees paid 19 Add lines 11 through 18 20 Amounts borrowed (see instructions) 21 Amounts loaned	3	Compensation received for certain					
5 Rents, royalties, and license fees received	4						
6 Dividends/Distributions received	5						
7 Interest received		received					
8 Loan guarantee fees received	6	Dividends/Distributions received .					
9 Other	7	Interest received					
10 Add lines 1 through 9	8	Loan guarantee fees received					
11 Purchases of inventory 12 Purchases of tangible property other than inventory 13 Purchases of property rights 14 Compensation paid for certain services 15 Commissions paid 16 Rents, royalties, and license fees paid 17 Interest paid 18 Loan guarantee fees paid 19 Add lines 11 through 18 20 Amounts borrowed (see instructions) 21 Amounts loaned	9	Other					
12 Purchases of tangible property other than inventory	10	Add lines 1 through 9					
other than inventory  13 Purchases of property rights  14 Compensation paid for certain services  15 Commissions paid  16 Rents, royalties, and license fees paid  17 Interest paid  18 Loan guarantee fees paid  19 Add lines 11 through 18  20 Amounts borrowed (see instructions)  21 Amounts loaned	11	Purchases of inventory					
13 Purchases of property rights	12	<b>3</b> ,					
14 Compensation paid for certain services  15 Commissions paid  16 Rents, royalties, and license fees paid  17 Interest paid  18 Loan guarantee fees paid  19 Add lines 11 through 18  20 Amounts borrowed (see instructions)  21 Amounts loaned							
services  15 Commissions paid  16 Rents, royalties, and license fees paid  17 Interest paid  18 Loan guarantee fees paid  19 Add lines 11 through 18  20 Amounts borrowed (see instructions)  21 Amounts loaned	13	Purchases of property rights					
15 Commissions paid  16 Rents, royalties, and license fees paid  17 Interest paid  18 Loan guarantee fees paid  19 Add lines 11 through 18  20 Amounts borrowed (see instructions)  21 Amounts loaned	14	·					
16 Rents, royalties, and license fees paid	15						
paid	16						
17 Interest paid							
18 Loan guarantee fees paid  19 Add lines 11 through 18  20 Amounts borrowed (see instructions)	17						
20 Amounts borrowed (see instructions)	18						
(see instructions)	19	Add lines 11 through 18					
21 Amounts loaned	20	Amounts borrowed					
		(see instructions)					
(see instructions)	21	Amounts loaned					
		(see instructions)					

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 9-2021)

### Form **8858**

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

(Rev. September 2021)

Department of the Treasury

▶ Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) OMB No. 1545-1910

Attachment Sequence No. 140

Internal Revenue Service		beginning		, (	and ending					Sequence No. 140
Name of person filin	ng thi	s return							Filer'	s identifying number
RAINFORES	ST	ALLIANCE, INC.							13	-3377893
		m or suite no. (or P.O. box number if r	nail is r	not delivered to street ac	ddress)					
27 WEST 2	281	TH STREET, 8TH F		R						
City or town, state, a										
NEW YORK				NY 100	16					
Filer's tax year begin	nning				, and ending					
		all applicable lines and so dollars unless otherwise in			tion <b>must</b> be	in I	English. All	amoun	ts <b>mu</b>	st be stated in
Check here	Х	FDE of a U.S. person		FDE of a controlled f	oreign corporation (	CFC	C)	FDE of	a contro	olled foreign partnership
		FB of a U.S. person		FB of a CFC				FB of a	controlle	ed foreign partnership
Check here			inal 88	358			'	1		
1a Name and addre	ess o	FDE or FB RAINFOREST AI	LIA	NCE GHANA				<b>b(1)</b> U.S	3. identif	ying number, if any
		ABOTSI STREET						98-	10514	463
		EAST LEGON	AC	CRA KA 9	714			<b>b(2)</b> Ref	erence	ID number (see instructions)
GHANA								98-	10514	463A
<b>c</b> For FDE, coun	try(ie	s) under whose laws organized and e	ntity typ	oe under local tax law		d	Date(s) of orga	anization	e Ef	fective date as FDE
GHANA							03/16/2	010		03/16/2010
f If benefits unde		J.S. tax treaty were claimed with respect FB, enter the treaty and article number		g Country in which pactivity is conducted		h Principal business activity			i Functional currency	
				GHANA			L&L/RA C	ERT	U	SD
2 Provide the foll	lowin	g information for the FDE's or FB's ac	countir	ng period stated above.			·			
Name, address, and identifying number of branch office or agent (if any) in the United States				. ,	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					
		LIANCE, INC. C/O N.	ADE	BELHALIM	RAINFOREST ALLIANCE, INC. C/O ROBERT ODOM HOUSE NO. 36 ABOTSI STREET KA 9714					
NEW YORK	ΙH	STREET, 8TH FLOOR NY 1001	<u> </u>		EAST LEGON					
13-3377893		NI 1001	5		ACCRA GH					
	ner o	f the FDE or FB (if different from the	filer) r	provide the following (se						
a Name and addr		Time 1 DE of 1 D (ii dimerent noin the	11101),	order and removing (de	<b>b</b> Annual accou	ıntir	na period covere	ed by the re	eturn (se	e instructions)
							.9	,	(00	,
					c(1) U.S. identif	ying	number, if any			
					c(2) Reference	D n	umber (see insti	ructions)		
					d Country unde	r wh	nose laws organi	ized	e Fu	unctional currency
4 For the direct of	wne	r of the FDE or FB (if different from	he tax	owner), provide the follo	l owing (see instruction	ากรา	<u> </u>		1	
a Name and addr				e control, provide and teach	<b>b</b> Country unde			ized		
					,		Ü			
					c U.S. identifyin	ıg nı	umber, if any		d Fu	unctional currency
		ional chart that identifies the name, the tax owner and the FDE or FB, ar								

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

direct or indirect interest. See instructions.

Form 8858 (Rev. 9-2021) Page **2** 

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 U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box

,	(		Functional Currency	U.S. D	Oollar
1	Gross receipts or sales (net of returns and allowances)	1	Tunotional ourionsy		,406,931.
2	Cost of goods sold	2		1.	, 100, 551.
3	Gross profit (subtract line 2 from line 1)	3		1	,406,931.
4		4		1.	, 100, 551.
5	Dividends Interest	5			
6	Interest Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Gross income from performance of services	8			
9	Foreign currency gain (loss)	9			
10		10		_	
	Total income (add lines 3 through 9)	11			,406,931.
11	Total deductions (exclude income tax expense)			1.	,411,857.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			-4,926.
Sch	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from		(a) Amount stated in	Amount:	
	the FDE or FB.		functional currency of FDE or FB	functional currency o	
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 1.987-12 (attach				
_	statement)	3			
	outcomonly			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?			100	
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
3	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
			•		
	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	169,995.	96,341.
2	Other assets	2	6,763.	41,004.
3	Total assets	3	176,758.	137,345.
	Liabilities and Owner's Equity			
4	Liabilities	4	309,188.	220,037.
5	Owner's equity	5	-132,430.	-82,692.
6	Total liabilities and owner's equity	6	176,758.	137,345.

### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	g ,, , ,,		
	partnership?		X
3	Answer 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			
	foreign taxes that were previously suspended under section 909 as no longer suspended?		

Form **8858** (Rev. 9-2021)

Form 8858 (Rev. 9-2021) Page **3** 

Sche	dule G Other Information (continuea)		
_		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers FBs and FDEs.	s of	
_			
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as		
	base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) fr		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines		X
	and 7c	• •	^
b c	Enter the total amount of the base erosion payments \$  Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a ba	ase	
ou	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8		X
b	Enter the total amount of the base erosion payments \$	-	
С	Enter the total amount of the base erosion tax benefit \$		
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between	en	
	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?		
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE		
	U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDI	∃ is	
	treated as a U.S. corporation solely for purposes of these questions.		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is		
	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit has a realist to describe the separate unit	ave	
	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	,	
b	If "Yes," enter the amount of the dual consolidated loss	_'	
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit une Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c	<b>I</b>	
b	Enter the amount of the dual consolidated loss for the combined separate unit . ► \$ (		
C	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determine		
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A)		
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing L	J.S.	
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
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		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations sect		
	1.1503(d)-6 attached to the return? After answering this question, go to line 13a	<b>I</b>	
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolida		
	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable inco	me	
13a	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.  During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requir	ina	
ısa	recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or	-	
	part of a combined separate unit, in any prior tax years?	<b>I</b>	
b	If "Yes," enter the total amount of recapture	•	
	dule H Current Earnings and Profits or Taxable Income (see instructions)		
mport	ant: Enter the amounts on lines 1 through 6 in functional currency.		
1	Current year net income (loss) per foreign books of account	1	-4,926.
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	-4,926.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	-4,926.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average	7	4 000
0	exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-4,926.
8	Filier exchange fale used for line /		

Form 8858 (Rev. 9-2021) Page 4

### Transferred Loss Amount (see instructions) Schedule I **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," 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 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.......... Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J **Foreign Income Taxes** Foreign Tax Credit Separate Categories (b) Foreign Tax Year (YYYY-MM-DD) (a) Country or (d) Conversion Rate (f) Foreign Branch (c) Foreign Currency (e) U.S. Dollars (h) General (i) Other Possession

Form **8858** (Rev. 9-2021)

27637U M998

**Totals** 

### SCHEDULE M (Form 8858)

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service

► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858 Identifying number RAINFOREST ALLIANCE, INC 13-3377893 Name of FDE or FB U.S. identifying number, if any Reference ID number (see instructions) RAINFOREST ALLIANCE GHANA 98-1051463 98-1051463A 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 21 with respect to the applicable set of column headings. (d) Any foreign (e) Any U.S. person corporation or partnership (c) Any domestic with a 10% or more Controlled Foreign Partnership corporation or direct interest in the (b) U.S. person filing controlling or partnership controlling or controlled by the filer controlled foreign (a) Transactions of controlled by the filer (other than the this return partnership (other FDE or FB than the filer)

			Controlled by the liler	tax owner)	than the liler)	
	Controlled Foreign Corporation  (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
X	U.S. Tax Owner  (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	
1	Sales of inventory					
	Sales of property rights					
3	Compensation received for certain					
	services					
4	Commissions received					
	received					
6	Dividends/Distributions received .					
7	Interest received					
8	Loan guarantee fees received					
9	Other					
10	Add lines 1 through 9					
11	Purchases of inventory					
12	Purchases of tangible property					
	other than inventory					
13	Purchases of property rights					
14	Compensation paid for certain					
	services					
15	Commissions paid					
16	Rents, royalties, and license fees					
	paid					
17	Interest paid					
18	Loan guarantee fees paid					
19	Add lines 11 through 18					
20	Amounts borrowed					
	(see instructions)					
21	Amounts loaned					
		I				

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

2X4062 1.000 27637U M998

(see instructions).

Schedule M (Form 8858) (Rev. 9-2021)

### Form **8858**

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8858 for instructions and the latest information.

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

OMB No. 1545-1910

Attachment Sequence No. **140** 

Name of person filir	ng thi	s return			_			Filer's identifying number	
RAINFORES	ST	ALLIANCE, INC	•					13-3377893	
		om or suite no. (or P.O. box numb		not delivered to street a	ddress)				
27 WEST 2	285	TH STREET, 8TH	FLOO	R					
City or town, state, a	and Z	IP code							
NEW YORK				NY 100	16				
Filer's tax year begir					, and ending				
		n all applicable lines an			tion <b>must</b> be	in English. Al	l amount	ts <b>must</b> be stated in	
		dollars unless otherwis	e maica		foreign comparation (	OFC)	EDE at a	acatuallad fausina nautaanahia	
Check here	X	FDE of a U.S. person FB of a U.S. person		FDE of a controlled f	oreign corporation (	(CFC)	_	controlled foreign partnership	
Check here		Initial 8858	Final 8				FBOIAC	controlled loreign partifership	
	ess c	of FDE or FB RAINFOREST					<b>b(1)</b> U.S.	identifying number, if any	
		JSE, CAMBRIDGE HEA		ANCE, HID OR				.051166	
LONDON	1100	DE, CAMBRIDGE HEA	AIII KD	E2 9	DA			erence ID number (see instructions	
UNITED KIN	GDC	)N			211		98-1	.051166A	
		es) under whose laws organized a	and entity ty	pe under local tax law		d Date(s) of org		e Effective date as FDE	
UNITED KING	GDC	M				02/26/2	2010	02/26/2010	
		U.S. tax treaty were claimed with or FB, enter the treaty and article		g Country in which pactivity is conducted		h Principal busin activity	ness	i Functional currency	
				UNITED KING	DON	L&L/MARK	ETS	GBP	
2 Provide the foll	lowin	g information for the FDE's or FI	B's accounti	ing period stated above.					
the United State	es	d identifying number of branch o			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 RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON				
		STREET, 8TH FLOOP						E HEATH RD E2 9DA	
NEW YORK		NY 10			LONDON	•			
13-3377893					ENGLAND U	Χ			
3 For the tax own	ner c	of the FDE or FB (if different from	m the filer),	provide the following (se	ee instructions):				
a Name and addr	ess				<b>b</b> Annual accou	unting period cover	ed by the ret	turn (see instructions)	
					c(1) U.S. identif	fying number, if any			
					c(2) Reference	ID number (see inst	tructions)		
					<b>a</b> Country unde	er whose laws orgar	nizea	e Functional currency	
4 For the direct of	owne	er of the FDE or FB (if different t	from the ta	x owner), provide the foll	owing (see instruction	ons):			
a Name and addr	ess				<b>b</b> Country unde	er whose laws orgar	ized		
					c U.S. identifyir	ng number, if any		d Functional currency	
		tional chart that identifies the n the tax owner and the FDE or F			vnership, tax classifi	cation, and country		ion of all entities in the chain	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 9-2021)

direct or indirect interest. See instructions.

Form 8858 (Rev. 9-2021) Page **2** 

Schedule C	Income Statement (s	ee 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 U.S. dollar approximate separate transactions method of accounting (DASTM). If you are using the average exchange rate (determined under section 989(b)), check the following box

			Functional Currency	U.S. D	Oollar
1	Gross receipts or sales (net of returns and allowances)	1	1,902,404.	2	,344,957.
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3	1,902,404.	2	,344,957.
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	1,902,404.	2	,344,957.
11	Total deductions (exclude income tax expense)	11	1,902,404.		,344,957.
12	Income tax expense	12	1,502,101.		, 5 1 1 , 5 5 7 .
13	Other adjustments	13			
14	Other adjustments  Net income (loss) per books	14			
	edule C-1 Section 987 Gain or Loss Information				
JUII	<b>Note:</b> 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	Amount functional or	stated in currency of
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 1.987-12 (attach				
•	statement)	3			
	outcomonly			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?			103	110
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
3	from the FDE or FB during the tax year? If "Yes," attach a statement describing the i				
	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	73,763.	133,690.
2	Other assets	2		
3	Total assets	3	73,763.	133,690.
	Liabilities and Owner's Equity			
4	Liabilities	4	73,763.	133,690.
5	Owner's equity	5		
6	Total liabilities and owner's equity	6	73,763.	133,690.

### Schedule G Other Information

		Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?		X
2	g,,,,g		
	partnership?		X
3	Answer 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			
	foreign taxes that were previously suspended under section 909 as no longer suspended?		

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Form 8858 (Rev. 9-2021)

Page 3

Other Information (continued)

Sche	duje 6 Other information (continued)	1 34	
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?	Yes	No X
-		•	
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers FBs and FDEs.	of	
	Desire the terror of the EDE of ED and the second the second of the seco		
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from the control of the control o		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7		
	and 7c		x
b	Enter the total amount of the base erosion payments \$	•	71
C	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a ba	se —	
- Ju	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8		X
b	Enter the total amount of the base erosion payments \$	•	
С	Enter the total amount of the base erosion tax benefit \$		
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between	en	
	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or I	FB	
	acted as a manufacturing, selling, or purchasing branch?		
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is		
	U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE	is	
	treated as a U.S. corporation solely for purposes of these questions.		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is n		
	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit ha	ve	
<b>h</b>	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	1	
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit und Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit . ► \$ (	,	
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determine	ed	
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ▶ \$	-	
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6?		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1.500(d). Controlled to the return? After appropriate this greation, go to line 1.2.		
٨	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable incon		
_	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiri	ng	
	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	If "Yes," enter the total amount of recapture ▶ \$ . See instructions.		
	dule H Current Earnings and Profits or Taxable Income (see instructions)		
	ant: Enter the amounts on lines 1 through 6 in functional currency.	4	
1	Current year net income (loss) per foreign books of account	2	
2 3	Total net subtractions	3	
3 4	Total net subtractions	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		
		7	
8	Enter exchange rate used for line 7	·	

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### Transferred Loss Amount (see instructions) Schedule I **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," 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 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.......... Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J **Foreign Income Taxes** Foreign Tax Credit Separate Categories (b) Foreign Tax Year (YYYY-MM-DD) (a) Country or (d) Conversion Rate (f) Foreign Branch (c) Foreign Currency (e) U.S. Dollars (h) General (i) Other Possession

Form **8858** (Rev. 9-2021)

27637U M998

**Totals** 

### SCHEDULE M (Form 8858)

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service ► Attach to Form 8858.

Solution Form 8858 Go to www.irs.gov/Form8858 for instructions and the latest information.

OMB No. 1545-1910

Name of person filing Form 8858

RAINFOREST ALLIANCE, INC.

13-3377893

Name of FDE or FB

U.S. identifying number, if any

RAINFOREST ALLIANCE, LTD UK

98-1051166

98-1051166A

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 21 with respect to the applicable set of column headings.

	Controlled Foreign Partnership  (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)	
	Controlled Foreign Corporation  (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
X	U.S. Tax Owner  (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	
1	Sales of inventory					
2	Sales of property rights					
3	Compensation received for certain services					
4	Commissions received					
5	Rents, royalties, and license fees received					
6	Dividends/Distributions received					
7	Interest received					
8	Loan guarantee fees received					
9	Other					
10	Add lines 1 through 9					
11	Purchases of inventory					
12	Purchases of tangible property					
12	other than inventory					
13 14	Purchases of property rights  Compensation paid for certain					
	services					
15	Commissions paid					
16	Rents, royalties, and license fees					
	paid					
17	Interest paid					
18	Loan guarantee fees paid					
19	Add lines 11 through 18					
20	Amounts borrowed					
•	(see instructions)					
21	Amounts loaned					
	(see instructions)					

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

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27637U M998

Schedule M (Form 8858) (Rev. 9-2021)

### Form 8858

(Rev. September 2021)

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

► Go to www.irs.gov/Form8858 for instructions and the latest information.

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

OMB No. 1545-1910

Attachment Sequence No. 140

Department of the Treasury , and ending 12/31/2022beginning 01/01/2022Internal Revenue Service Filer's identifying number Name of person filing this return 13-3377893 RAINFOREST ALLIANCE INC Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 27 WEST 28TH STREET, 8TH FLOOR City or town, state, and ZIP code NEW YORK 10016 Filer's tax year beginning 01/01/2022 and ending 12/31/2022Important: 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 FDE of a U.S. person FDE of a controlled foreign corporation (CFC) FDE of a controlled foreign partnership FB of a U.S. person FB of a CFC FB of a controlled foreign partnership Initial 8858 Check here Final 8858 1a Name and address of FDE or FB RAINFOREST ALLIANCE TRADING LTD, UK b(1) U.S. identifying number, if any THE GREEN HOUSE, CAMBRIDGE HEATH RD 98-1069583 b(2) Reference ID number (see instructions) LONDON E2 9DA UNITED KINGDOM 98-1069583A c For FDE, country(ies) under whose laws organized and entity type under local tax law d Date(s) of organization e Effective date as FDE 05/31/2011 05/31/2011 f If benefits under a U.S. tax treaty were claimed with respect to Country in which principal business Principal business i Functional currency income of the FDE or FB, enter the treaty and article number activity is conducted activity UNITED KINGDOM INACTIVE GBP Provide the following information for the FDE's or FB's accounting period stated above. Name, address, and identifying number of branch office or agent (if any) in Name and address (including corporate department, if applicable) of person(s) the United States with custody of the books and records of the FDE or FB, and the location of such books and records, if different RAINFOREST ALLIANCE, INC. C/O N. ADBELHALIM RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON 27 WEST 28TH STREET, 8TH FLOOR THE GREEN HOUSE, CAMBRIDGE HEATH RD E2 9DA NEW YORK NY 10016 LONDON 13-3377893 IJK 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 Functional currency For the direct owner of the FDE or FB (if different from the tax owner), provide the following (see instructions): a Name and address Country under whose laws organized c U.S. identifying number, if any d Functional currency

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

For Paperwork Reduction Act Notice, see the separate instructions.

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direct or indirect interest. See instructions.

					•
	358 (Rev. 9-2021)				Page 2
Impo dollar section special	Income Statement (see instructions)  Intant: Report all information in functional currency in accordance with U.S. GA  Its translated from functional currency (using GAAP translation rules or the average 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. all rules for FDEs or FBs that use U.S. dollar approximate separate transactions in a recusing the average exchange rate (determined under section 989(b)), check	AP. rage . Dol netho	Also, report each exchange rate d lars column. See od of accounting following box	amoun etermine instruc (DASTM	t in U.S. ed under tions for 1).
y o a	are doing the divided exercises (determined drider economics (b)), erroom		Functional Currency	U.S. [	
1	Gross receipts or sales (net of returns and allowances)	1	r unononar currency	0.0. 1	
2		2			
3	Cost of goods sold Gross profit (subtract line 2 from line 1)	3			
4		4			
5	Dividends Interest	5			
6	Interest  Green route roughting and license from	6			
7	Gross rents, royalties, and license fees	7			
8	Gross income from performance of services	8			
9	Foreign currency gain (loss)	9			
10		10			
11	Total income (add lines 3 through 9)  Total deductions (exclude income tax expense)	11			
12	Income tox expense	12			
13	Income tax expense	13			
14	Other adjustments	14			
	Net income (loss) per books	14			
SCITE			(a)	(k	<u>,,</u>
	<b>Note:</b> See the instructions if there are multiple recipients of remittances from the FDE or FB.		Amount stated in functional currency of FDE or FB	Amount	stated in currency of
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 1.987-12 (attach				
	statement)	3			
				Yes	No
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 re	espec	t to remittances		
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r	netho	d used prior to		
	the change and new method of accounting				
Sche	dule F Balance Sheet				
<b>Impo</b> accor	rtant: Report all amounts in U.S. dollars computed in functional currency and tra dance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us	nsla e DA	ted into U.S. dolla ISTM.	ars in	
			(a) Beginning of annual	(t End of	o) annual
	Assets		accounting period	accounti	ng period
1	Cash and other current assets	1			
2	Other assets	2			
3	Total assets	3			
	Liabilities and Owner's Equity				
4	Liabilities	4			
5	Owner's equity	5			
6	Total liabilities and owner's equity	6			
	dule 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 indir				

partnership?

Answer 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? During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)? 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?.....

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Form 8858 (Rev. 9-2021)

Page 3

Other Information (continued)

Sche	duje 6 Other information (continued)	1 34	
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?	Yes	No X
-		•	
	Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers FBs and FDEs.	of	
	Desire the terror of the EDE of ED and the second the second of the seco		
7a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from the control of the control o		
	a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7		
	and 7c		x
b	Enter the total amount of the base erosion payments \$	•	71
C	Enter the total amount of the base erosion tax benefit \$		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a ba	se —	
- Ju	erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to		
	foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8		X
b	Enter the total amount of the base erosion payments \$	•	
С	Enter the total amount of the base erosion tax benefit \$		
9	Answer only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between	en	
	the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or I	FB	
	acted as a manufacturing, selling, or purchasing branch?		
	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is		
	U.S. corporation. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE	is	
	treated as a U.S. corporation solely for purposes of these questions.		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is n		
	part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit ha	ve	
h	a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?	1	
b	If "Yes," enter the amount of the dual consolidated loss		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit und Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss		
	defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit . ► \$ (	,	
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determine	ed	
	under Regulations section 1.1503(d)-5(c)(4)(ii)(A) ▶ \$	-	
12a	Was any portion of the dual consolidated loss on line 10b or 11b taken into account in computing U		
	taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6?		
	"Yes," see the instructions and go to line 12c. If "No," go to line 12d		
С	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1.500(d). Controlled to the return? After appropriate this greation, go to line 1.2.		
٨	1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
е	Enter the separate unit's contribution to the cumulative consolidated taxable incon		
_	("cumulative register") as of the beginning of the tax year ▶ \$ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiri	ng	
	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	If "Yes," enter the total amount of recapture ▶ \$ . See instructions.		
	dule H Current Earnings and Profits or Taxable Income (see instructions)		
	ant: Enter the amounts on lines 1 through 6 in functional currency.	4	
1	Current year net income (loss) per foreign books of account	2	
2 3	Total net subtractions	3	
3 4	Total net subtractions	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		
		7	
8	Enter exchange rate used for line 7	·	

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### Transferred Loss Amount (see instructions) Schedule I **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," 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 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.......... Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J **Foreign Income Taxes** Foreign Tax Credit Separate Categories (b) Foreign Tax Year (YYYY-MM-DD) (a) Country or (d) Conversion Rate (f) Foreign Branch (c) Foreign Currency (e) U.S. Dollars (h) General (i) Other Possession

Form **8858** (Rev. 9-2021)

27637U M998

**Totals** 

## SCHEDULE M (Form 8858)

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

(Rev. September 2021)

Department of the Treasury Internal Revenue Service ► Attach to Form 8858.

OMB No. 1545-1910

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858								Identifyi	ng number	
RAINFOREST ALLIANCE, INC.								13-3377893		
Name of FDE or FB	U.S. i	U.S. identifying number, if any			Refe	ference ID number (see instructions)				
RAINFOREST ALLIANCE TRAD	ING LTD,	98-1069583			98-106	9583A				
Name of tax owner						U.S. ider	ntifying number,	if any		
Important: Complete a separate So										
the annual accounting period betwee be stated in U.S. dollars translated										
instructions.	i irom rancuc	niai cui	rency a	t the appro	opriate excita	inge ra	ne ioi tiie i	DL3 01	TDS tax year. Ge	
			4	4 41-1 1	11 - 🕒					
Enter the relevant functional currency at						41	4 (-1	L4-4.		
Column headings. This schedule cand complete lines 1 through 21 with						ox ma	t identifies t	ne statt	is of the tax owne	
			(a) A m.	d a a a ti a	(d) Any fore corporation	eign or	(e) Any U.S.	person		
Controlled Foreign Partnership	(h) II S noroon	filing	corpo	domestic ration or	partnersh	ip	with a 10% of direct interes	or more at in the		
(a) Transactions of	this return coi		partnership controlling or		controlling or controlled by the		controlled f partnership			
FDE or FB			controlled	by the filer	filer (other that tax owne		than the			
			(5) (5)	d = == = = ti =	(d) Any fore	eian	(e) 10% or mo	ore U.S.	(f) 10% or more U.S.	
Controlled Foreign Corporation	(b) U.S. persor	filing	corpo	domestic ration or	corporation partnership co	or	shareholder	of any	shareholder, or other	
(a) Transactions of FDE or FB	this return			ip controlled ne filer	by the filer (d	other	corporat controlling	he tax	owner, of any entity controlling the tax	
					than tax ow	ner)	owner		owner	
X U.S. Tax Owner			(c) Anv	domestic	(d) Any fore	eign				
A. U.S. Tax Owner	(b) U.S. persor this return		corpo	ration or ip controlled	corporation (in its branches	cluding	(e) Any for partnership (inc	cluding its		
(a) Transactions of	(other than tax owner of		by the file	r (other than	disregarded en	ntities)	branches or controlling or o	FDEs)		
FDE or FB	FDE or FB		the tax o	wner of the or FB)	by the file	er	by the fi	ler		
1 Sales of inventory										
2 Sales of property rights										
3 Compensation received for certain										
services										
4 Commissions received										
5 Rents, royalties, and license fees										
received										
6 Dividends/Distributions received .										
7 Interest received										
8 Loan guarantee fees received										
9 Other										
10 Add lines 1 through 9										
11 Purchases of inventory										
12 Purchases of tangible property										
other than inventory										
13 Purchases of property rights										
14 Compensation paid for certain										
services										
15 Commissions paid										
16 Rents, royalties, and license fees										
paid										
17 Interest paid										
18 Loan guarantee fees paid		+								
19 Add lines 11 through 18										
20 Amounts borrowed										
(see instructions)		+								

For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 9-2021)

(see instructions)