AMENDED RETURN

Form 991

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 07/01 , 2008, and ending 06/30**,20**09 A For the 2008 calendar year, or tax year beginning D Employer identification number C Name of organization RAINFOREST ALLIANCE, INC. Please B Check if applicable use IRS Address change Doing Business As 13-3377893 lahet or Room/suite Telephone number Number and street (or P.O. box if mail is not delivered to street address) print or Name change type. 500 (212)677-1900 Initial return See 665 BROADWAY City or town, state or country, and ZIP + 4 Termination Instruc Amended return G Gross receipts \$ tions. NEW YORK, NY 10012-2420 33,069, H(a) Is this a group return for Yes No Application pending F Name and address of principal officer: RTCHARD RYAN Χ No H(b) Are all affiliates included? If "No," attach a list, (see instructions) X 501(c) (3) ◀ (insert no.) 527 Tax-exempt status: Website: WWW. RAINFOREST-ALLIANCE, ORG H(c) Group exemption number Type of organization: X Corporation Other > L Year of formation: 1986 M State of legal domicile: NY Trust Briefly describe the organization's mission or most significant activities: THE MISSION OF THE RAINFOREST ALLIANCE IS TO PROTECT ECOSYSTEMS AND Activities & Governance THE PEOPLE AND WILDLIFE THAT DEPEND ON THEM BY TRANSFORMING LAND-USE PRACTICES, BUSINESS PRACTICES AND CONSUMER BEHAVIOR. Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of employees (Part V, line 2a) 5 155 Total number of volunteers (estimate if necessary) 21 7a 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year Contribution and grants (Part VIII, line 1h) 19, 229, 638. 17,540,504. 9 Program service revenue (Part VIII, line 2g) 9,660,702. 13, 142, 097. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 55,664. 71,907. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 367,339. 8,764. 27, 265, 634. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12), 32,810,981. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,370,928. 1,761,627. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,120,431 12,730,315. 16a Professional fundraising fees (Part IX, column (A), line 11e) 95,000. b Total fundraising expenses, Part IX, column (D), line 25) ▶ _ _ 1, 486, 544. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 12,445,314. 15,400,306. 29<u>,987,248.</u> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25, 936, 673. 1,328,961 2,823,733. e s Beginning of Year End of Year 20 Total assets (Part X, line 16) 7,822,618. 11,027,052. Total liabilities (Part X, line 26) 21 6,516,635. 4,737,827 Net assets or fund balances. Subtract line 21 from line 20. 3,084,791 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, referent, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign of officer Here Signature Type or print name and title

May the IRS discuss this return with the preparer shown above? (See instructions) For Privacy Act/and Paperwork Reduction Act Notice, see the separate instructions.

address, and ZIP + 4 ONE SPRING STREET NEW BRUNSWICK, NJ 08901

Yes Form 990 (2008)

Paid

Preparer's

Preparer's

signature

Firm's name (or yours WI THUMS MI TH+BROWN,

Preparer's identifying number

P00076779

22-2027092

732-828-1614

Check if

employed >

ΕIN

	Part IV Checklist of Required Schedules 13-3377893			Page
	offectilist of Required Schedules			age
	1 Is the organization described in section 501/oV2) or 40.47()V4) ()		Yes	N
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"] "-
	2 Is the organization required to complete Schedule B. Schedule of Contribution 8	. 1	X	
	and the organization engage in direct or indirect notifical campaign politicities and the second sec	. 2	Х	
	candidates for public office? If "Yes," complete Schedule C, Part I			ĺ
•	- Section sur(c)(3) organizations. Did the organization engage in labbutes a state of the section of the sectio	. 3	<u> </u>	Х
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	of the distribution of the]	
7		6	J i	٠,,
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8		7		Х
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Δ
9		8	1	_X
			-	
	complete Schedule D. Bost IV.]]		
10		9	İ	Х
11	S THE STATE OF STATE	10	Х	
	, m, m, d or n do applicable			
12	Did the organization receive an audited financial statement for the	11	_ X	
			ĺ	
13		12	X	
14a		13		Χ
b	The the digalization have addredate revenues or evocace of many the discussion of the second of the	14a	X	
4.5			-	
15	- 1 1 1 0 organization (CDOI) of Part IX. Collimp (Δ) line 3 mars than or one of	14b	X	
16		15		
		10	X	
17		16	V	
18	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes, " complete Schedule G, Part II Did the organization report more than \$15,000 tests on Part IX, column (A), line 11e? If "Yes, " complete Schedule G, Part I	17	X	
19		18	X	
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
21	Did the organization report more than \$5,000 on Port IX and was 45,000 on Port IX	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), tine 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), tine 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VIII. See that 1.	21	х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete Schedule J	22		ζ
		1		
24a	The street of th	23	X	
	and the way of the year. High was issued after Docombor 24, 20000 1810 4			
		ĺ	- 1	
b	Did the organization invest any proceeds of tax-evement bonds because in the contract of the c	24a	<u>></u>	<u> </u>
С	Ended to the country of the control	24b		
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d 25a		24c		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	24d		
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~	the organization become aware that it had engaged in an excess honests to	Ja	_ X	
	The proof for the post of the property of the property of the proof of	5b	"	
			_ X	
		26	_ X	
			1^	_
SA E1021 1	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	7	_ X	
1		orm 9 9		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			N
-	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
		28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
D		28b	х	
_	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
C	Serve as an officer, director, trustee, key employee, partier, or member or an entity (or a state-holder or a	28c		х
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23	^	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		v
	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			į
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	Ill, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			Į
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
• •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			ĺ
	VI	37		x
	***************************************	Form	990	(2008)

18 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittel of U.S. Information Returns. Enter -0 if not applicable	Par	Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Enter -0- if not applicable 1b NONE De Enter the number of formby V-26 included in line 1a. Enter -0- if not applicable 1b NONE De Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of omployees reported on Forn W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 2a 1.55 B if at least one is reported on line 2a, did the organization file all irequired federal employment tax returns? 2b X Noto: If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return. (see instructions) 3a. Did the organization have unreleated businesse gross income of \$1,000 or more during the year covered by 3b. If "Yes," has if fled a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account?) B if "Yes," enter the name of the foreign country SEE, STATEMENT? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7b Did the organization provide goods or services in exchange for any quid pro quo contributions or approach				Yes	No
U.S. Information Returns. Enter -0- if not applicable 1b NONE De Enter the number of formby V-26 included in line 1a. Enter -0- if not applicable 1b NONE De Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of omployees reported on Forn W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 2a 1.55 B if at least one is reported on line 2a, did the organization file all irequired federal employment tax returns? 2b X Noto: If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return. (see instructions) 3a. Did the organization have unreleated businesse gross income of \$1,000 or more during the year covered by 3b. If "Yes," has if fled a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account?) B if "Yes," enter the name of the foreign country SEE, STATEMENT? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7b Did the organization provide goods or services in exchange for any quid pro quo contributions or approach	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
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Statements, filed for the calendar year ending with or within the year covered by this return	2a				
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Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
		· ·	Yes	No_
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			e vijis
	circumstances, process, or changes in Schedule O. See instructions.	i i		
1a	Enter the number of voting members of the governing body		183	
b	Enter the number of voting members that are independent 20	1.1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
	any other officer, director, trustee, or key employee?	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u> _
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Χ
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Χ
Secti	on B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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:		1	
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions)		- 1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		. *	
	with a taxable entity during the year?	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	11.11	3 13	-
~	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ SEE STATEMENT 8			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	s only)	
	available for public inspection. Indicate how you make these available. Check all that apply.		,	
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
13	policy, and financial statements available to the public.	301		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20				
	organization: >RICHARD RYAN, 665 BROADWAY, SUITE 500 NEW YORK, NY 10012-2420			
	212-677-1900			

13-3377893

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
- compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F) Estimated
Name and Title	Average hours per week	or director	Institutional trustee	Officer	Key employee	ল Highest compensated ল employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										
	<u> </u>									
	-									
	-									
	-									
	_									
					ļ <u>-</u>					
	-									

Form **990** (2008)

		7		

F	rt VII Section A. Officers, Directors, Tru (A)	(B)	y E11	ihic	yee (C		anu n	ııgı	(D)	(E)	yees (c	(F)
	Name and title	Average hours per week	ndividual trustee	Institutional trustee	chec Officer	Key employee	Highest compensated employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reports compens from rel organiza (W-2/1099	ation ated tions	Estimated amount of other compensation from the organization and related organizations
							.,		;			
								•				
											•	
1b	Total , ,				٠.,				1,155,698.		NONE	115,594.
2 — 3	Total number of individuals (including those organization ▶ 9 Did the organization list any former office	er, directo	or or	tru	ıste	e, !	key e	mp	ployee, or highes	t compens	sated	Yes No
4	employee on line 1a? If "Yes," complete Schede For any individual listed on line 1a, is the											3 X
•	the organization and related organizations individual	greater th	nan \$	150	00,0	0?	If "Ye	es,'	" complete Sched	ule J for	such	4 X
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr complete	ue c Sched	omp lule	ens J fo	satio r su	on fro <i>ch per</i>	m 'sor	any unrelated o	rganizatior	ı for	5 X
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	compensa	ted ir	ndep	oeno	dent	cont	rac	ctors that receive	d more th	an \$10	0,000 of
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) compensation
SI	LESFORCE, PO BOX 842569 BOSTON,	MA 022	84					С	ONSULTING			154,700.
2	Total number of independent contractors (i	ncludina t	hose	in	1) \	who	rece	ive	d more than \$10	0,000 in	The second secon	
-	compensation from the organization	1			', '	•						

art VIII Statement of Revenue					13-3377893		751
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 51
92 4	1 a	Federated campaigns 1a					
and other similar amounts		Membership dues 1b	626, 338,		Control of the Contro		
Ĕ		Fundraising events 1c	1, 315, 823.				
<u>ھ</u>	d	Related organizations 1d			The state of the s		
[e	Government grants (contributions) 1e	7,539,848.		A CONTROL OF THE CONT		The second secon
<u> </u>	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	9,747,629.	The state of the s			
ğ		Noncash contributions included in lines 1a-1f: \$		Control of the Contro	Parapar Mario Principal Major (SS) A		
	h	Total. Add lines 1a-1f		19,229,638.			
			Business Code				
1	2a	CERTIFICATION FEES		12,023,803.	12,023,803.		
;	b	CONTRACT INCOME		1,118,294.	1,118,294.		
:	C						
;	d						
<i>i</i>	е						
?		All other program service revenue					The state of the s
+	g	Total, Add lines 2a-2f	ı	13,142,097.	Action to the second seco	And the second s	
3		Investment income (including dividends, into		71 007			71,90
		other similar amounts)		71,907.			11,90
4	4	Income from investment of tax-exempt bond		NONE			
5	5	Royalties	(ii) Personal	NONE		The second section of the section of the second section of the section of the second section of the section of the second section of the	
				And the state of t	An public comments of the comm	A single or the court of the state of the st	
6	6 a	Gross Rents			And the second s	A common that have been a common to the comm	
	b	Less: rental expenses		A STATE OF THE PROPERTY OF THE	Company of the Compan		
	C	Rental income or (loss)		MONE	Control of the Contro		design of the second se
	d	Net rental income or (loss) (i) Securities		NONE			The state of the s
7	a	Gross amount from sales of	(11, 0 2.10.	The second secon			
	_	assets other than inventory					
1	b	Less: cost or other basis					
		and sales expenses					
	c d	Gain or (loss)		NONE	445 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second section of the second section of the sec	
Ι.				The second secon	American I market a company of the c		
i	8 a	Gross income from fundraising events (not including \$1,315,823.	STMT 10	A STATE OF THE STATE OF T			
		of contributions reported on line 1c).	31111 10			And described the second of th	
			a 197, 300.				
.	ь	•	b 258, 356.		The second of th	And the second s	Section 1 and 1 an
		Net income or (loss) from fundraising events		-61,056.			
		Gross income from gaming activities.					
'	- 4	See Part IV, line 19.	a	The Control of the Co			
-	b		b		A STATE OF THE PROPERTY OF THE	Manufacture of the control of the co	Strategy of the strategy of th
		Net income or (loss) from gaming activities.		NONE		.UOMINA SERVICE SERVIC	
11		Gross sales of inventory, less					Part of the Control o
		returns and allowances	a				
	b	Less: cost of goods sold	1	the first of the designation of the conductive state o			
		Net income or (loss) from sales of inventory.	<u></u>	NONE			
		Miscellaneous Revenue	Business Code	The state of the s	13.2		
11	1 a	OTHER INCOME		428, 395.	428,395.		
	b						
	C						
- 1	d	All other revenue					
- 1		Total. Add lines 11a-11d		428, 395.	The second secon		
	е	TOTAL MUG TITLES THE THE TITLE TO THE TENT					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all columns.	
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	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and		<u>.</u>									
	organizations in the U.S. See Part IV, line 21	371,029.	371,029.									
2	Grants and other assistance to individuals in											
	the U.S. See Part IV, fine 22	NONE										
3	Grants and other assistance to governments,											
	organizations, and individuals outside the											
	U.S. See Part IV, lines 15 and 16	1,390,598.	1,390,598.									
4	Benefits paid to or for members	NONE										
5	Compensation of current officers, directors,											
	trustees, and key employees	624,033.	248,846.	197,170.	178,017.							
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										
7	Other salaries and wages	9,143,710.	8,545,873.	6,642.	591,195.							
8	Pension plan contributions (include section 401											
_	(k) and section 403(b) employer contributions).	175,084.	166,856.		8,228.							
9	Other employee benefits	1,852,955.	1,761,454.		91,501.							
10	Payroll taxes	934,533.	888,205.		46,328.							
11	Fees for services (non-employees):											
	Management	NONE										
	Legal	54,771.	54,771.									
	Accounting	112, 378.	112,378.									
	Lobbying	NONE	112,0,0.									
		95,000.			95,000.							
	Professional fundraising services. See Part IV, line 17	NONE			30/000							
	Investment management fees	NONE										
	Other	NONE										
12	Advertising and promotion		1 056 522	8,536.	183,525.							
13	Office expenses	1,248,583.	1,056,522.	0,330.	100,020							
14	Information technology	NONE										
15	Royalties,	NONE	1 400 700	0.104	AC 121							
16	Occupancy	1,475,097.	1,420,782.	8,194.	46,121							
17	Travel	2,068,298.	2,014,098.	11,227.	42,973							
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	NONE										
19	Conferences, conventions, and meetings	NONE										
20	Interest	NONE										
21	Payments to affiliates	NONE										
22	Depreciation, depletion, and amortization	50,886.	38,861.	368.	11,657							
23	Insurance , , , , , , , , , , , , , , , , , , ,	NONE										
24	Other expenses. Itemize expenses not											
	covered above. (Expenses grouped together											
	and labeled miscellaneous may not exceed											
	5% of total expenses shown on line 25 below.)											
а	CONSULTANTS	4,958,343.	4,930,069.	10,128.	18,146							
b	CERTIFICATION	3,483,064.	3,483,048.	-2.	18							
	WORKSHOPS	467,785.	465,495.	295 .	1,995							
	OTHER_OFFICE_EXPENSES	1,442,298.	1,244,979.	25,524.	171,795							
	FOREIGN_INCOME_TAX			8,	45							
	All other expenses		38,750.									
25	Total functional expenses. Add lines 1 through 24f	29,987,248.	28, 232, 614.	268,090.	1,486,544							
26	Joint Costs. Check here ▶ If following											
0	SOP 98-2, Complete this line only if the organization		Ì									
	reported in column (B) joint costs from a											
	combined educational campaign and fundraising solicitation											
JSA	continued				Form 990 (2008							

Pa	rt X	Balance Sheet			
			(A) Beginning of year	,	(B) End of year
	1	Cash - non-interest-bearing	1,861,565.	1	3,244,303.
- 1	2	Savings and temporary cash investments	1,057,437.	2	1,255,489.
	3	Pledges and grants receivable, net	2,073,217.	3	2, 191, 823.
	4	Accounts receivable, net	2,184,842.	4	2,636,737.
	5	Receivables from current and former officers, directors, trustees, key			
	•	employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		- 3.3.1.7 - (3.7.7)	
	Ū	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II		3 149	
		of Schedule L		6	
,,	7	Notes and loans receivable, net		7	
ets		Inventories for sales or use		8	
Assets	8	Prepaid expenses and deferred charges STMT-12 ·	358,113.	9	305,749.
1	9		330,113.		303, 143.
		Land, buildings, and equipment: cost basis 10a 723, 625.			,
	b	Less: accumulated depreciation. Complete	105 220	100	141 026
		Part VI of Schedule D		10c	141,936.
	11	Investments - publicly traded securities STMT · 13 ·	33,746.	11	25,446.
	12	Investments - other securities. See Part IV, line 11		12	1,039,231.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	118,366.	15	186,338.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,822,618.	16	11,027,052.
	17	Accounts payable and accrued expenses	2,103,980.	17	3,988,204.
	18	Grants payable		18	
	19	Deferred revenue STMT-14 -	216,000.	19	NONE
	20	Tax-exempt bond liabilities		20	
w	21	Escrow account liability. Complete Part IV of Schedule D		21	
ţį	22	Payables to current and former officers, directors, trustees, key employees,			
≣		highest compensated employees, and disqualified persons. Complete Part II		1.11	
Liabilities		of Schedule L		22	·
	23	Secured mortgages and notes payable to unrelated third parties STMT- 15 ·	2,391,750.	23	2,391,750.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	26,097.	25	136,681.
	26	Total liabilities. Add lines 17 through 25	1	26	6,516,635.
	20	Organizations that follow SFAS 117, check here ▶ 💢 and complete lines 27 through 29, and lines 33 and 34.			
lances	27	Unrestricted net assets	-275,183.	27	-1, 265, 304.
	28	Temporarily restricted net assets	3,359,974.		4,775,721.
8	29	Permanently restricted net assets	NONE		1,000,000.
Fund B	LJ	Organizations that do not follow SFAS 117, check here ▶ □ and		7.5	
P	2.	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
Net Assets	30			31	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
#	32	Retained earnings, endowment, accumulated income, or other funds	0.004.504		4 510 417
ž	33	Total net assets or fund balances		33	4,510,417.
	34	Total liabilities and net assets/fund balances	7,822,618.	34	11,027,052.
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990: Cash X Accrual Oth			
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accour	ntant?	• • •	· · · 2a X
b	Wer	e the organization's financial statements audited by an independent accountant?			· · · 2b X
C	If "Y	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	y for oversight of the		
	audi	t, review, or compilation of its financial statements and selection of an independent according	untant?		2c X
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as	set forth in		
	the S	Single Audit Act and OMB Circular A-133?			3a X
b	If "Y	es," did the organization undergo the required audit or audits?	<u> </u>		3b X
	'				Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

RATNFO	REST ALLI	ANCE, INC.							13-33	77893
Part I	Reason fo	r Public Chari	ty Status (All organi	zations m	ust compl	ete this p	art.) (se	e instruc	tions)	
The orga	nization is no	t a private found	lation because it is: (Pl	ease check	only one o	rganizatio	n.)			
1	A church, co	nvention of chur	ches, or association o	of churches	described	in section	170(b)(1)(A)(i).		
2	A school de	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	A hospital o	r a cooperative h	nospital service organi	zation desc	cribed in se d	ction 170	(b)(1)(A)(iii). (Attad	ch Schedu	ıle H.)
4	A medical r	esearch organiz	ation operated in co	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)((A)(iii). Enter the
	hospital's na	me, citv, and sta	ite:							
5	An organiza	ition operated fo	r the benefit of a col	lege or un	iversity ow	ned or o	perated b	y a gove	rnmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)							
6			ernment or governme							
7 X	An organiza	ition that normal	lly receives a substant	tial part of	its support	from a g	overnme	ental unit	or from t	he general public
			1)(A)(vi). (Complete P							
8	A communit	y trust described	in section 170(b)(1)(A)(vi). (Co	mplete Part	: II.)				
9	An organiza	tion that normal	lly receives: (1) more	than 331/3	% of its su	pport from	n contrib	utions, m	embershi	ip fees, and gross
	receipts from	m activities rela	ted to its exempt fun	ctions - su	bject to ce	rtain exc	eptions, :	and (2) n	o more tl	han 331/3% of its
			nent income and uni						511 tax)	from businesses
			after June 30, 1975.							
10	An organiza	tion organized a	nd operated exclusive	ly to test fo	or public saf	ety. See s	ection 5	09(a)(4).	(see instr	uctions)
11	An organiza	ation organized	and operated exclusi	vely for th	ie benefit	of, to pe	rform the	e functioi	ns of, or	to carry out the
	purposes of	one or more p	ublicly supported orga	anizations (described i	n section	509(a)(1	i) or sect	s)euc noi	(2), See section
			at describes the type o							pe III - Other
	aTyp				e III - Fund					•
e	By checking	this box, I ce	rtify that the organiz	ation is no	ot controlle	ed alrecu	y or ma	lectly by	one or	more disqualmed
			ion managers and oth	er than on	e or more	publicly s	supported	ı organiza	ations de	scribed in section
_		section 509(a)(∠). I a written determina	tian form	the IDC the	stitio a	Type I 5	Evno II ar	· Two III	eupporting
f	-			tion nom	ine ino in	at 11 15 a	i ype i,	rype ii oi	Type III	Supporting [
_		n, check this box	the organization acce	nted any a	ift or contri	bution fro	many of	the		
g	_		the organization acce	pied any 9	at or contri	pation no	an any or	ino		
	following pe		or indirectly controls	either ale	one or toa	ether wit	h person	s describ	ed in (ii)	Yes No
			erning body of the sup			011101 1111	,, po,,,,,,		(,	11g(i) X
			erson described in (i) a							11g(ii) X
			of a person described			<i></i> .				11g(iii) X
h			ation about the organi							
	of supported	(ii) EIN	(iii) Type of organization		organization	T	ou notify	(vi) i	s the	(vii) Amount of
orga	anization	(,	(described on lines 1-9	in col. (i) li:	sted in your		nization in	organizat	ion in col. zed in the	support
			above or IRC section (see instructions))	governing	document?		of your oort?	(i) organi. U.S		
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	
· · · · · · · · · · · · · · · · · · ·										
								1		
			1					1		
					-	 		-		
								192.5		
Total										
					1					

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

Schedule A (Form 990 or 990-EZ) 2008

Sche	dule A (Form 990 or 990-EZ) 2008			13-	3377893		Page 2
Par	Support Schedule for Org (Complete only if you ched	ganizations D cked the box or	escribed in S n line 5, 7, or 8	ections 170(b) 3 of Part I.)	(1)(A)(iv) and	170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,058,842.	5, 151, 139.	7,654,259.	18, 221, 104.	19, 032, 109.	55, 117, 453.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	5,058,842.	5, 151, 139.	7,654,259.	18,221,104.	19,032,109.	55, 117, 453.
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						55, 117, 453.
$\overline{}$	tion B. Total Support		personal programs programs to marginal and analysis of the second	and the first transfer of the second of the	And the second s	A STATE OF THE STA	307 17 1001
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4	5,058,84 <u>2</u> .	5, 151, 139. 6, 302.	7,654,259. 32,124.	18, 221, 104.	19, 032, 109. 71, 907.	55,117,453. 167,039.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	46,809.	121,066.	139,763.	103,950.	428, 395.	839, 983. 56, 124, 47 <u>5</u> .
11	Total support. Add lines 7 through 10	and the control of th		reduction And Asset And States and Asset Ass The Asset Asse		12	52,030,327.
12	Gross receipts from related activities, etc. (1.6	32,030,321.
13	First five years. If the Form 990 is for the	-					
800	organization, check this box and stop here tion C. Computation of Public Sup	nort Percenta	<u>, , , , , , , , , , , , , , , , , , , </u>				
				441 (5)		14	98.21 %
14	Public support percentage for 2008 (I	ine 6, column (1,) alvided by line	11, column (1 <i>))</i>		· • 	94.73 %
15	Public support percentage from 2007 33 1/3% support test - 2008. If the co	Scriedule A, Pa	not chock the b	ovon line 13 a	nd line 14 ie 33	1/3% or more	
Toa	and stop here. The organization quali	rganization uiu Fige se a publich	reinparted are	ox on mie 15, a. enization	ild lille 14 is 55	17370 01 111010,	x l
h	33 1/3% support test - 2007. If the co	iraanization did	not check a box	on line 13 or 1	6a and line 15	is 33 1/3% or m	ore, check this
	box and stop here. The organization of	rganización ala qualifies as a pu	blicty supported	organization .			▶ □
17a	10%-facts-and-circumstances test -	2008. If the orga	nization did not	check a box or	i line 13, 16a or	16b, and line 1	4
	is 10% or more, and if the organization in Part IV how the organization meets organization	n meets the "fa the "facts and o	ct-and-circumsta circumstances"	ances" test, chec test. The organi	k this box and stization qualifies a	top here. Explains a publicly supp	n oorted ▶ □
b	10%-facts-and-circumstances test - 15 is 10% or more, and if the organize Explain in Part IV how the organization supported organization	ation meets the meets the "fac	"facts and circu ts-and-circums	mstances" test, tances"" test. Th	check this box are e organization qu	nd stop here. ualifies as a publi	cly ▶ □
18	Private foundation. If the organization						

Sche	dule A (Form 990 or 990-EZ) 2008				-337 <u>7893</u>		Page 3
Par	t III Support Schedule for Organ (Complete only if you checke						
Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
	The state of the s						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					<u> </u>	1
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						1
	year or \$5,000						
8	Add lines 7a and 7b						
0	· · · · · · · · · · · · · · · · · · ·			1 1 1 1 1 1 1			+
500	tion B. Total Support		L		!		1
	tion B. Total Support	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2000	(0) 2000	(4) 2001	(6) 2000	(1) 1024
9	Amounts from line 6		***************************************				
ıva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
13							
	and 12.) First five years. If the Form 990 is for	the everylystics	l first second	third fourth or	fifth tax year	no a spation 501	(0)(3)
14							
	organization, check this box and stop here.			· · · · · · · · · · · ·		<u> </u>	
-	tion C. Computation of Public Sup			(6)		T 4 = T	%
15	Public support percentage for 2008 (line 8,					15	
16	Public support percentage from 2007 Sche					16	<u>%</u>
	tion D. Computation of Investmen			10 - 1: 20:		1	67
17	Investment income percentage for 2008 (lin					17	%
18	Investment income percentage from 2007 S	schedule A, Part	IV-A, line 27h	<i>.</i>		18	<u>%</u>
19a	33 1/3% support tests - 2008. If the orga						
	17 is not more than 33 1/3 %, check this box						
b	33 1/3% support tests - 2007. If the organ	nization did not d	check a box on lir	ne 14 or line 19a,	and line 16 is m	nore than 33 1/3%	4, and
	line 18 is not more than 33 1/3 %, check this	box and stop he	ere. The organiza	tion qualifies as a p	publicly supporte	d organization	▶ 🔝
20	Private foundation. If the organization did n						
24.4.0						Schedule A (Form	990 or 990-EZ) 2008

JSA 8E1221 1.000

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

> To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 13-3377893 RAINFOREST ALLIANCE, INC. To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 1 2 To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 . . No ĴΝο If "Yes," describe in Part IV. b To be completed by all organizations exempt under section 501(c), except section 501(c)(3). Part I-C See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (e) Amount of political (b) Address (c) EN (a) Name contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. JSA 8E1264 1.000 Schedule C (Form 990 or 990-EZ) 2008

Sch	edule C (Form 990 or 990-EZ) 2008		377893	Page Z
P	art II-A To be completed by organ (election under section 501	zations exempt under section 501(c)(3) (h)). See the instructions for Schedule C fo	that filed Form 5768 or details.	
A	Check ▶ if the filing organization	belongs to an affiliated group.		
В	Check ▶ if the filing organization	checked box A and "limited control" provis	ions apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b				
C	Total lobbying expenditures (add lines 1	4,341.		
d	Other exempt purpose expenditures	29,982,907.		
е	Total exempt purpose expenditures (add	29,987,248.		
f	Lobbying nontaxable amount. Enter the			
	columns.		1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
_	Over \$17,000,000	\$1,000,000.	1 11 11	
g	•	% of line 1f)		
h	<u>-</u>	line g is more than line a		
i		line f is more than line c		
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	<u></u>
	section 4911 tax for this year?	<u> </u>		Yes X No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2 a Lobbying non-taxable amount	NONE	NONE	NONE	4,341.	4,341.			
b Lobbying ceiling amount (150% line 2a, column(e))					6,512.			
c Total lobbying expenditures				4,341.	4,341.			
d Grassroots non-taxable amount				250,000.	250 , 000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

13-3377893

		details.		(a)			(b)	
			~1		(~)			
		Yes	No		Amo	unt		
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	1.	1.1					
	referendum, through the use of:						. :	
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?							
b								
c d	Media advertisements? Mailings to members, legislators, or the public?							
e	Mailings to members, legislators, or the public?							
f	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?							
g	Direct contact with legislators, their staffs, government officials, or a legislative body?							
b h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?							
i	Other activities? If "Yes," describe in Part IV							
j	Total lines 1c through 1i							
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?							
	If "Yes," enter the amount of any tax incurred under section 4912							
Ç	If "Yes," enter the amount of any tax incurred by organization managers under section 4912							
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?							
	t III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501	(c)(5)	. or			
	section 501(c)(6). See the instructions for Schedule C for details.			(-/(-/	,			
			.,			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		• • -		2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?							
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), se	ction	า 501	l(c)(5)	, or			
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	o" O	R if	Part I	II-A,			
	question 3 is answered "Yes." See Schedule C instructions for details.							
1	Dues, assessments and similar amounts from members			1				
	Section 162(e) non-deductible lobbying and political expenditures (do not include amou	ınts	of	1				
	political expenses for which the section 527(f) tax was paid).							
	Current year			2a				
b	Carryover from last year			2b	_			
C	Total			2c				
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3				
	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 to	bbyir	ng					
	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			4				
			· · ·	5				
Par	IV Supplemental Information							
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C							

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (F	orm 990 or 990-EZ) 2008	13-3377893	Page 4
Part IV	Supplemental Information (continued)		
	T.J.		
	, , , , , , , , , , , , , , , , , , ,		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection

Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds the organization answered "Yes" to Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate 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 in	donor advised
funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	ınds may be
used only for charitable purposes and not for the benefit of the donor or donor advisor or c	other
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to	Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	n of an historically importantly land area
Protection of natural habitat	n of certified historic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the fo	orm of a conservation easement
on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or term	rinated by the organization during
the taxable year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection,	violations, and
enforcement of the conservation easements it holds?	
Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of	
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Tes Land
9 In Part XIV, describe how the organization reports conservation easements in its revenue a	
balance sheet, and include, if applicable, the text of the footnote to the organization's fina the organization's accounting for conservation easements.	Hiciai statements that describes
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resprovide, in Part XIV, the text of the footnote to its financial statements that describes these	ement and balance sheet works of search in furtherance of public service, items.
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	ch in furtherance of public service,
(i) Revenues included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar asse	ts for financial gain, provide the
following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

Par	till Organizations Maintaining Co	llections o	of Art, Histo	rical	Treasures,	or Oth	er Similar A	ssets (c	ontinue	d)
3	Using the organization's accession and ot	ner records	check any	of the	following tha	at are a	significant us	e of its c	ollection	
J	items (check all that apply):	101 1000140	, ondok arry	51 4115			g			
а	Public exhibition		d [٦	Loan or excl	ange p	rograms			
b	Scholarly research		e –	⊣	Other		v			
c	Preservation for future generation	ns								
4	Provide a description of the organization's		and explain	how t	hev further t	he orga	nization's exe	mpt purp	ose in	
4	Part XIV.					Ū				
5	During the year, did the organization solid	it or receive	e donations i	of art.	historical tre	asures.	or other simila	ιΓ		
Ů	assets to be sold to raise funds rather tha	to be mai	ntained as p	art of	the organiza	tion's co	llection?	[Yes	No
Par		rrangeme	nts. Comp	lete i	organization	on ansv	vered "Yes" f	o Form	990,	
	Part IV, line 9, or reported an a	amount on	Form 990,	Part	X, line 21.					
۸.	1. H	adian ar ath	ar intermed	iaru fa	r contributio	ne ar at	her secete not			
та	Is the organization an agent, trustee, cust included on Form 990, Part X?								Yes	No
	If "Yes," explain the arrangement in Part X							٠٠. ٢	1.63	
a	Tres, explain the attangement in Part A	iv and com	ibiete tile ioi	HOWHIL	rable.		Δr	nount		
_	Beginning balance				-	1 c	7.1	1100		
C	Additions during the year					1d				
	Distributions during the year									
	Ending balance						***			
1	Did the organization include an amount o	 n Earm 991		212		11		Т	Yes	No
	If "Yes," explain the arrangement in Part X		r, raitz, inc	· - 1 ;						
-		if organiz	ation answe	ered '	Yes" to For	m 990	Part IV line	10.		
Par		urrent Year	(b) Prior y		(c) Two yea		(d) Three yea		(e) Four	years back
1a	Beginning of year balance	diretti redi	(3) (10)		3.5 3.5 3.5		4 1 22 22 3	71.1.1		
	0 1 7 11			: :::::-					7.1	
	Investment earnings or losses	1,000,000.								
	Grants or scholarships	39, 231.					1, 1			
	Other expenditures for facilities .		1 1 1 1 1			<u> </u>	W + 17 E.	7 55.47	7 1 1 1 1 1 1	
	and programs									
f	Administrative expenses									
2	Provide the estimated percentage of the	1,039,231.	lance held as	2'	L		l	: <u> </u>		
a	Board designated or quasi-endowment		%	٠.						
b	Permanent endowment ►100.0000									
	Term endowment ▶ %	70								
	Are there endowment funds not in the po	eepeeinn of	the organiz	ation t	hat are held	and ad	ministered for	the		
Ju	organization by:	356331011 01	the organiz	ation	and are more	ana aa			Г	res No
	(i) unrelated organizations		•						3a(i)	X
	(ii) related organizations								3a(ii)	X
h	If "Yes" to 3a(ii), are the related organizati								3 b	
_	Describe in Part XIV the intended uses of								L 1	
4						X line	10			
1561	t VI Investments - Land, Buildings Description of investment		or other basis) Cost or other		Depreciation	(0	1) Book vali	ne
	Besorption of infederical		estment)	, , ,	basis (other)				,	
1a	Land	-								
b	Buildings									
С	Leasehold improvements				60,27	5.	17,897.		4:	2,378.
	Equipment				132,500		125,304.			7,202.
	Other			"	530,84		438,488.			2,356.
	II. Add lines 1a-1e. (Column (d) should equ		, Part X, col	umn (l						1,936.

Schedule D (Form 990) 2008

4	3-	•	2	7	\neg	O	\cap	\mathbf{a}	
- 1	.5 =		. 🤉	1	- 1	O	7	J.	

Part VII	Investments - Other Securities. See F	orm 990, Part X, lin	e 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	•
Financial deri	vatives and other financial products			
	equity interests			
	IFICATES OF DEPOSIT	1,039,231.	FMV	
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See	Form 990, Part X, Iir	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	Э
-				
				·
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,	line 15.		
	(a)	Description	(t) Book value
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 15.) 🗼 🗼			
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
	(a) Description of liability	(b) Amount		
Federal incon	ne taxes			
DEFERRED	RENT LIABILITY	136,681.		
				And the state of t
Total. (Column	(b) should equal Form 990, Part X, col. (B) line 25.)	136,681.		A CONTROL OF THE PROPERTY OF T

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2008

Schedule	D (Form 990) 2008 13-3377893			Page 4
Part >	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
	Total revenue (Form 990, Part VIII, column (A), line 12)	1		32,810,981.
	Total expenses (Form 990, Part IX, column (A), line 25)	2		29,987,248.
	Excess or (deficit) for the year. Subtract line 2 from line 1	3		2,823,733.
	Net unrealized gains (losses) on investments	4		
	Donated services and use of facilities	5		
	Investment expenses	6		
	Prior period adjustments	7		-1,398,118.
	Other (Describe in Part XIV)	8		
9	Total adjustments (net). Add lines 4-8	9		-1,398,118.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10		1,425,615.
Part 2				
1	Total revenue, gains, and other support per audited financial statements		1	33,604,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a 2a	_		
b	Donated services and use of facilities	0.		
C	Recoveries of prior year grants			
	Other (Describe in Part XIV)	_		
	Add lines 2a through 2d	. 2	2e	793,410.
	Subtract line 2e from line 1		3	32,810,981.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4 c	
_ 5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	32,810,981.
	III Reconciliation of Expenses per Audited Financial Statements With Expenses per F	letur	'n	
	Total expenses and losses per audited financial statements		1	<u>30,780,657.</u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 793, 40	9.		
	Prior year adjustments 2b	_	1	
	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)	_		
е	Add lines 2a through 2d	.	2e	793, 409.
3	Subtract line 2e from line 1	•	3	29,987,248.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	_		
	Other (Describe in Part XIV)	⋅	.	
	Add lines 4a and 4b	. —	4 c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	29,987,248,
	Supplemental Information			
Comple	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV,	lines	s 1b
	Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
ORGA	IZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48			
SCHEL	ULE D, PAGE 3, PART X			
RA HA	S DEFERRED THE APPLICATION OF THE ACCOUNTING PRONOUNCEMENT ON			
<u>ACCOU</u>	NTING FOR UNCERTAINTY IN INCOME TAXES UNTIL ITS FIRST FISCAL YEAR			
		_		
<u>BEGI</u> 1	INING AFTER DECEMBER 15, 2008. RA'S ACCOUNTING POLICY IS TO EVALUAT	뇬		
	THE TAX DAGGETT AND THE AGGODD AND THE WAR THE WAR THE TAX THE			
UNCE	TAIN TAX POSITIONS IN ACCORDANCE WITH FASB NO. 5 "ACCOUNTING FOR			.
ao	NOTING TO			
CONI,I	NGENCIES".			

Schedule D (Fo	orm 990) 2008	<u> 13-3377893</u>	Page 5
Part XIV	Supplemental Information (continued)		
	Cappione in the interior (Continuous)		
			
		Şc	hedule D (Form 990) 2008

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Employer identification number

RAINFOREST ALLIANCE, INC	_			13-33	377893
Part I General Information "Yes" to Form 990, F	on Activ	/ities Outsid e e 14b.	the United States. Co		
 For grantmakers. Does the of assistance, the grantees' eligible the grants or assistance? For grantmakers. Describe in United States. 	rganizatio pility for th	n maintain red ne grants or a	ssistance, and the select	ion criteria used to awar	d . X Yes No
3 Activities per Region. (Use Sch	nedule F-1	(Form 990) if	additional space is needed	.)	
offi	Number of ces in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
NORTH AMERICA	2	9	PROGRAM SERVICES	SMARTWOOD, TREES	2, 655, 948.
CENTRAL AMERICA/CARIBBEAN	44	102	PROGRAM SERVICES	AGRI CULTURE	5, 839, 248.
SOUTH AMERICA	2	29	PROGRAM SERVICES	SMARTWOOD, TREES	6, 995, 196.
EAST ASIA AND THE PACIFIC	1.	14	PROGRAM SERVICES	SMARTWOOD, TREES	2,093,357.
EUROPE	2	13	PROGRAM SERVICES	SMARTWOOD, TREES	1, 281, 525.
RUSSIA/INDEPENDENT STATES	NONE		PROGRAM SERVICES	SMARTWOOD, TREES	56, 797.
SUB-SAHARAN AFRICA	NONE		PROGRAM SERVICES	SMARTWOOD, AGRICULTURE	1,839,699.
				1	
	-				

Totals ▶	11	167			20,761,770.

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

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008

Part || Grants and

II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990.	[]
Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	
Lise Schedule F1 (Form 990) if additional space is needed	

Page 2

ا .' وا												Ì			
(i) Method of valuation (book, FMV, appraisal, other)								:							
(h) Description of non-cash assistance							****								
(g) Amount of non-cash assistance															
(f) Manner of cash disbursement	TEZ	EFT	F-1	BFT	EFT	EFT	EFT	RFT	EFT	E A	EFT	EFT	TIE	EFT	
(e) Amount of cash grant	39, 532.	36, 436.	154,821.	32, 000.	48,116.	9,000.	94, 745.	134,985.	77, 609.	88, 992.	278, 799.	205, 216.	8,067.	161,094.	
(d) Purpose of grant	ADOPT A RAIN	PROMOTE SUST	AMAZON BASIN	EVALUATION &	BIODIVERSITY	SUSTALNABLE	SUSTAINABLE	BIODIVERSITY	AMAZON BAS	BIODIVERSITY	SUSTAINABLE	BIODIVERSITY	SUSTAINABLE	BIODIVERSITY	
(c) Region	CENT. AMERICA/CARIBBEAN	F-91	SOUTH AMERICA	CENT. AMERICA/CARI BEEAN	CENT. AMERICA/CARIBBEAN	CENT. AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	CENI. AMERICA/CARI BBEAN	SOUTH AMERICA	CENT. AMERICA/CARIBBEAN	SUB-SAHARAN AFRICA	CENT. AMERICA/CARIBBEAN		SOUTH AMERICA	- to the state of
(b) IRS code section and EIN (if applicable)															
(a) Name of organization and EIN (ff applicable)															
den	Comments of the comments of th			The control of the co	The second secon		The second secon			And the second s					The second secon

provided a section 501(c)(3) equivalency letter.................... 2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has 3 Enter total number of other organizations or entities

Schedule F (Form 990) 2008

NONE

29

Schedule F (Form 990) 2008

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

		1	 . .			 1	1	1	1	ı	1	ı	
(h) Method of valuation (book, FMV, appraisal, other)				THE PARTY OF THE P									
(g) Description of non-cash assistance						***							
(f) Amount of non-cash assistance													
(e) Manner of cash disbursement	TH												
(d) Amount of cash grant	15,000.												
(c) Number of recipients	- 1												
(b) Region	SOUTH AMERICA												
(a) Type of grant or assistance	EVALUATION AND RESEARCH SUPPORT GRANT												

Schedule F (Form 990) 2008

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JSA

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008
Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ame of the organization					Employer identificatio	n numper
AINFOREST ALLIANCE, INC.					13-337789	3
art I Fundraising Activities. Co	omplete if the organ	ization a	nswered '	"Yes" to Form 9	990, Part IV, line 1	17.
Indicate whether the organization re	aised funds through :	any of the	following	activities. Check	all that apply.	
[]	e			non-government g		
	f			overnment grant		
				ising events	.3	
c X Phone solicitations	g	V Sher	Jai lullulai	ising events		
d X In-person solicitations						
2a Did the organization have a written or key employees listed in Form 99	or oral agreement w 30, Part VII) or entity	ith any ind in connec	dividual (in ction with p	cluding officers, o rofessional fundra	aising activities?	X Yes N
b If "Yes," list the ten highest paid inc to be compensated at least \$5,000	dividuals or entities (f	fundraiser Form 99	s) pursuar 0-EZ filers	nt to agreements are not required	under which the fund to complete this tabl	fraiser is e.
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (l)	(vi) Amount paid to (or retained by) organization
		Yes	No		001, (1)	
UDANAMAN CANAMATANA AMA		163	110			
CHECKOWAY CONSULTING AND	FUNDRAISING		,,		22 000	
REATIVE	CONSULTING	,	X		32,000.	
	FUNDRAISER				62.000	
AYBIN ASSOCIATES	CONSULTANT		X		63,000.	
			J			
Fatal					95 000	
Total	ation is registered of	or license	d to solic	it funds or has	been notified it is	exempt from
L, AK, AZ, AR, CA, CO, CT, FL, GA,	I I.					
S, KY, ME, MD, MA, MI, MN, MS, MO,	NH. NJ. NM. NY. NC	ND. OH				
OK, OR, PA, RI, SC, TN, UT, YA, WA,						
NON FRANCISCI IN OIL VALUAL	**************************************					

13-33778	9	3
----------	---	---

Pa	rt l	Fundraising Events. Comple more than \$15,000 on Form	ete if the organization n 990-EZ, line 6a. Lis	answered "Yes" to Fe t events with gross re	orm 990, Part IV, lir eceipts greater than	ie 18, \$5,00	or re 00.	porte	d
			(a) Event #1 GALA (event type)	(b) Event #2	(c) Other Events NONE (total number)		tal Eve throug		dd col. (c))
Revenue		Gross receipts	1,513,123.			<u> </u>	1,	513 <u>,</u>	<u>123.</u>
_		contributions	1,315,823.				1,3	315,	823.
	3	Gross revenue (line 1 minus line 2)	197,300.			 	-	197,	300.
	4	Cash prizes							
Direct Expenses	5	Non-cash prizes				-			
t Exp	6	Rent/facility costs				<u> </u>			
Direc	7	Other direct expenses	258,356.			-		258 <u>,</u>	356.
	8	Direct expense summary, Add lines 4 Net income summary. Combine lines	4 through 7 in column (d)	·		(56.) 056.
Pa			ganization answered "	Yes" to Form 990, Pa	art IV, line 19, or rep	orted			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal ga a) thro		
Rev	1	Gross revenue							
ses	2	Cash prizes							
xper	3	Non-cash prizes				-			
Direct Expenses	4	Rent/facility costs				-			
	5	Other direct expenses		1 1, 0,	N 90	-	- 1		
	6	Volunteer labor	Yes%	Yes %	Yes%			**:	· i.
	7	Direct expense summary, Add lines 2	2 through 5 in column (d)	·		. ()
	8	Net gaming income summary, Comb	ine lines 1 and 7 in colum	nn (d)			••••	l	T
9 a		nter the state(s) in which the organization the organization licensed to operate s					9a	Yes	No
ħ	lf -	"No," Explain:							
		/ere any of the organization's gaming "Yes," Explain:					10a		
									٠.
11 12	ls	oes the organization operate gaming the organization a grantor, beneficiar	y or trustee of a trust or	a member of a partner	ship or other entity		11	: -	
	fc	rmed to administer charitable gaming	?		Schedule (12 990 or	990-EZ	 Z) 2008

Sched	ule G (Form 990 or 990-EZ) 2008 13-3377893			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:	1		
а	The organization's facility	·		
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special event books			
	and records:			
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		1.5%	
	amount of gaming revenue retained by the third party ▶ \$		100	
C	If "Yes," enter name and address:			
		. A		
	Name	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		:	1.7	
	Address >			
				3.
16	Gaming manager information:			
	Name •			
		:		
	Gaming manager compensation ▶ \$		17.5	
	Description of services provided	1		
			1.5	
	Director/officer Employee Independent contractor		4.1	
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	:.		1
	retain the state gaming license?	17a	L	<u> </u>
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		34	
	in the organization's own exempt activities during the tax year ▶ \$	1.1		<u> </u>

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Open to Public OMB No. 1545-0047

> Department of the Treasury Name of the organization Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Employer identification number 13-3377893 Š

RAINFOREST ALLIANCE, INC.
Part | General Information on Grants and Assistance

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	stan		rocedures for monitoring the use of grant funds in the United States.
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	into	:	the L
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	orga	tion (.⊑
-	s the	eleci	ribe
İ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the gra	Describe in Part IV the organization's proc
۱	~ ~		C4

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part

Use Part IV and Schedule I-1 (Form 990) if additional space is needed	orm 990) if a	dditional spac	e is needed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AG INNOVAILONS NETWORK					•		
101 MORRIS STREET, SUITE 212	68-0462304	501c3	78, 000.				SUSTAL NABLE TRADI NG
COUNTERPART INTERNATIONAL	12_6182605	50103	C				SHSTAINABLE TRADING
CATHOLIC RELIEF SERVICES	000000000000000000000000000000000000000	2010	1				
228 W. LEXINGTON STREET	13-5563422	50103	129, 162.				SUSTAL NABLE TRADING
SUSTAINABIUIY INSTITUTE	-						
3 LINDEN ROAD HARTLAND, VT 05048	02-0492913	50103	83, 187.				SUSTAINABLE TRADING
And the second s							
	:						
	and governme	int organizations				A A	4 AOND
3 Enter total number of other organizations							
For Privacy Act and Paperwork Reduction Act Notice, see	Act Notice, se		the Instructions for Form 990.			SCDE	Schedule I (Form 390) 2006

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008
Part III Grants an

(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
The state of the s			of my addressed and description.		A CANADA PARA
T I THE THE THE THE THE THE THE THE THE THE		A CONTRACTOR OF THE CONTRACTOR			
Part IV Supplemental Information. Complete this		provide the infe	ormation require	part to provide the information required in Part I, line 2, and an	and any other additional information.
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	OF_GRANT_F	UNDS IN THE U.S.	U.S.	1	
SCHEDULE I. PAGE 11. PART 11. ITEM 2.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
RAINFOREST ALLIANCE MONITORS FUNDS THROUGH IT S LOCAL OFFICE S REGULAR	THROUGH I	T.S.LOCAL_OE	EICE'S_REGUI	<u>.AR</u>	
INTERACTION WITH THE RECIPIENT AND REGULAR REPORTING REQUIREMENTS THAT	REGULAR R	EPORTING REG	OU REMENTS TH	IAT	
ARE DETERMINED FOR BACH PARTY			 		
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			# # # # # # # # # # # # # # # # # # #		
	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;				
					Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Employer identification number

RATI	NFOREST ALLIANCE, INC. 13-337789	3		
Part				
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	-		
а	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_	-	Х
C	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.	V.		ļ
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		14.	
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b	-	X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	6a	ļ	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	_		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	-	Χ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			١,

JSA

Schedule J (Form 990) 2008

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

Page 2

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W	of W-2 and/or 1099-MISC compensation	compensation	bomojo (1)	oldevetee) (G)	samiled to test (2)	(F) Companiation
(А) Nаme		(i) Base compensation		(iii) Other reportable compensation	compensation	benefits	(D-(D)(B)	reported prior Form 990-EZ
0	-		NONE	NONE	NONE	18,164.	154,909.	NONE
ANA PAULA TAVARES (II)		NONE		NONE	NONE	NONE	NONE	NONE
(1)	(1	191,203.		NONE	HONE	19,649.	210,852.	NONE
TENSIE WHELAN	(i	NONE		NONE	NONE	NONE	NONE	NONE
(1)	<u> </u>							
			 		;			
(1)	<u> </u>							
(11)	<u> </u>							
(5)	<u> </u>						44- 149 624 124 124 124 124 124 124 124 124 124 1	
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Schedule J (Form 990) 2008	Page 3
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	ies 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
	,
	SOUC (DOD march) Clarpedos

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

13-3377893 RAINFOREST ALLIANCE, INC. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees		,						1		
(A)	(B)			(0	•			(D)	(€)	(F)
Name and Title	Average hours per week	-	i 1			that app	1.7	Reportable compensation	Reportable compensation	Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DANI EL R. KATZ CHAI R	1.	X						NONE	NONE	NONE
LABEEB ABBOUD		1 **								
DIRECTOR	1.	X						NONE	NONE	NONE
BERT_AERTS		7.7								
DIRECTOR	1.	X						NONE	NONE	NONE
ADAM_ALBRIGHT										
DIRECTOR	1.	Х					İ	NONE	NONE	NONE
DR. NOEL BROWN		1 1						INOTHE	11011=	110210
DI RECTOR		Х						NONE	NONE	NONE
		\ \frac{1}{\sqrt{2}}						INOME	140141	1101112
DANIEL COHEN	1.	X						NONE	NONE	NONE
DIRECTOR		A	-	-	-			NONE	NOTAL	NOME
ROGER_DEROMEDI	1.							NONE	NONE	NONE
DIRECTOR		Х					 	NONE	MOIME	NONE
DR. FRANK J. DOTTORI		۱,,						NONE	NONE	NONE
DIRECTOR	1.	X		-		-		NONE	NONE	NONE
DR. KARL FOSSUM								17017	None	NONE
DIRECTOR	1.	X					ļ	NONE	NONE	NONE
WENDY_GORDON										370375
VICE CHAIR	1.	X				-		NONE	NONE	NONE
HENRY JUSZKIEWICZ	1									
DIRECTOR	1.	X	ļ	_				NONE	NONE	NONE
SUDHAKAR KESAVAN										
DIRECTOR	1.	X				-	-	NONE	NONE	NONE
MARY STUART MASTERSON							ĺ		-	
DIRECTOR	1.	X	 -				<u> </u>	NONE	NONE	NONE
BRENDAN_MAY										
DIRECTOR	1.	X	╙			ļ		NONE	NONE	NONE
ERIC_ROTHENBERG										
DIRECTOR	1.	X		ļ			ļ	NONE	NONE	NONE
PETER_MSCHULTE										
DIRECTOR	1,	X	<u> </u>	Х				NONE	NONE	NONE
KERRI A. SMITH										
DIRECTOR	1.	Х						NONE	NONE	NONE
MARTIN_TANDLER										
DIRECTOR	1.	Х	<u> </u>	L		ļ		NONE	NONE	NONE.
ANNEMIEKE WIJN		1								
DIRECTOR	1.	Х	<u>L</u> .	ļ			<u> </u>	NONE	NONE	NONE
DAVID_WASSERMAN		1								
DIRECTOR	1	Х		L				NONE	NONE	NONE
ALAN WILZIG										
DIRECTOR	1.	Х						NONE	NONE	NONE
For Privacy Act and Paperwork Reduction	n Act Notice, see	the In	stri	ıctic	ns	for Fo	orm	990.	Schedule	J-2 (Form 990) 2008

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

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

13-3377893 RAINFOREST ALLIANCE, INC. Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees										
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week					that app		Reportable compensation	Reportable compensation	Estimated amount of
	her week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANA PAULA TAVARES										
SR. VP/VP OF DEVELOPMENT	40.			Χ			ļ	136,745.	NONE	18,164.
DANI EL DOUCETTE			1							
VP OF FINANCE & OPERATIONS	40.			Х				121,785.	NONE	13,296.
VERA ZLATARSKI										
GENERAL COUNSEL	40.			Х				110,485.	NONE	12,706.
TENSIE WHELAN						ĺ				
PRESIDENT	40.			Х				191,203.	NONE	19,649.
KARIN KREIDER										
VP OF AGRICULTURE	40.					X		118,578.	NONE	13,767.
RICHARD DONOVAN									ĺ	
SR. VP / VP OF FORESTRY	40.	}				Х		135,027.	NONE	13,078.
LUIS F. DUCHICELA										
REGIONAL PROJECT DIRECTOR	40.					Х		131,325.	NONE	7,641.
REBECCA BUTTERFIELD										
SR. DIR. EVALUATION & RESEARCH	40.					X		107,427.	NONE	11,329.
WOLFRAM PINKER										
MANAGING DIR SMARTWOOD PROGRAM	40.					Х		103,123.	NONE	5,964.
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

омв No. 1545-0047 20**08**

グリリの Open To Public

Department of the Treasury Internat Revenue Service ► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.							13-	3377	893			
Part I Excess Benefit Transacations To be completed by organizations	(sectio	n 501(c)(3) and sections	on 501(c)	(4) organiza	ations only). 25a or 25h	or Fo	rm 99	0-F7	Part	V line	40b.
		swered	Tes on For					7(11) 55		1 411		rected?
1 (a) Name of disqualified person			(b) Description of transaction								Yes	No
2 Enter the amount of tax imposed on under section 49583 Enter the amount of tax, if any, on line									* \$ • \$			
Part II Loans to and/or From Interest To be completed by organization	ested P	ersons. answered	d "Yes" on F	orm 990,	Part IV, line	26, or Form	n 990-	EZ, P	art V,	line 3	8a.	
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount		(d) Bala	nce due	(e) In o	lefault?	(f) Approved by board or committee?		(g) Written agreement?	
	То	From					Yes	No	Yes	No	Yes	No
							-					
												<u> </u>
Part III Grants or Assistance Bener	fitting I	ntereste	d Persons.		Part IV, line	27.						
(a) Name of interested person			between inte organizati	erested per		(c) Amo	ount of	grant	or type	e of as	sistan	ce
Part IV Business Transactions Invo	iving In	ntereste answere	d Persons. d "Yes" on F	orm 990,	Part IV, line	s 28a, 28b,	or 28	c.				
(a) Name of interested person	(b) F	Relationshi	ip between son and the	(c) Ar	nount of saction	(d) Des			nsacti	оп	organi	ering of ization's nues?
	<u> </u>						-				Yes	No
JOKE AERTS	FAMIL'	Y MEMBER	OF DIRECTOR		70, 223.	EMPLOYMENT						X
	-											
						+					 	

Schedule L (Form 990 or 990-EZ) 2008

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

SCHEDULE M (Form 990)

Non-Cash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-3377893

	t Types of Property	(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of		nining	1
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	X	6	71,150.	SELLING P	RICE		
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
	or trust interests				<u> </u>			
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(<u>STMT_16</u>)		4.	38,336.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received b							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29			ONE
							Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I, lir	ie 1-28 that		:	ł
	it must hold for at least three year							ł
	used for exempt purposes for the e	-	g period?			30a		Х
þ	If "Yes," describe the arrangement							
31	Does the organization have a							ł
	contributions?					31		Х
32a	Does the organization hire or use							
	contributions?					32a		X
þ	If "Yes," describe in Part II.							
33	If the organization did not report re	evenues in o	column (c) for a type of pro	perty for which column (a	is checked,			

Schedule M (Form 990) 2008

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

Schedule M (F	Form 990) 2008		13-33778	393	Page 2
Part II	Supplemental Inform 32b, and 33. Also con	ation. Complete this part to nplete this part for any addition	provide the information nal information.	required by Part I, I	ines 30b,
					
					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

13-3377893

RAINFOREST ALLIANCE, INC.
CONFLICT OF INTEREST POLICY
PAGE 6, ITEM 12C
A COPY OF OUR CONFLICT OF INTEREST POLICY, ALONG WITH A CONFLICT OF
INTEREST DISCLOSURE STATEMENT, IS FURNISHED TO EACH DIRECTOR, OFFICER AND
STAFF MEMBER OF THE RAINFOREST ALLIANCE UPON UNDERTAKING THE DUTIES OF
SUCH OFFICE, AND ANNUALLY THEREAFTER FOR THE TERM OF SUCH PERSON'S
SERVICE TO THE ORGANIZATION. ANY DISCLOSURES ARE REVIEWED BY AN INTERNAL
COMMITTEE MADE UP OF THE PRESIDENT, VICE PRESIDENT OF FINANCE AND
ADMINISTRATION, CHIEF FINANCIAL OFFICER AND THE GENERAL COUNSEL, AND ARE
REPORTED ON A QUARTERLY BASIS TO THE AUDIT AND RISK COMMITTEE. THE AUDIT
AND RISK COMMITTEE HAS AMONG ITS RESPONSIBILITIES THE DUTY OF REVIEWING
THE ORGANIZATION'S PERFORMANCE IN MAINTAINING FULL INDEPENDENCE.
IN ADDITION, A DETAILED FORM 990 DISCLOSURE STATEMENT, WITH RESPECT TO
DISCLOSURES 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, IS
DISTRIBUTED ANNUALLY TO MEMBERS OF THE COMMITTEE THAT AWARDS KLEINHANS
FELLOWSHIPS AND THE RAINFOREST ALLIANCE'S DIRECTORS, OFFICERS AND KEY
EMPLOYEES.

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
ORGANIZATION'S DOCUMENTS	
990, PAGE 6, PART VI, SECTION C, LINE 19	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI	CY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQ	UEST TO
MANAGEMENT. IN ADDITION, THE ORGANIZATION'S AUDITED FINANCIAL	
STATEMENTS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES, AND	
SUMMARIES OF ALL OF ITS POLICIES AND PROCEDURES TO ENSURE INDEPEN	DENCE,
ARE AVAILABLE ON ITS WEBSITE.	

Schedule O (Form 990) 2008	Page 2
Name of the organization RAI NFOREST ALLI ANCE, INC.	Employer identification number 13-3377893
COMPENSATION POLICY	
990, PAGE 6, SECTION B, LINE 15	
THE ORGANIZATION HAS DEVELOPED SALARY ADMINISTRATION GUIDELINES (THE
"GUIDELINES") THAT APPLY IN SETTING THE COMPENSATION OF ALL OF IT	<u>s</u>
EMPLOYEES, INCLUDING ITS PRESIDENT, OFFICERS, AND KEY EMPLOYEES.	_UNDER
THE GUIDELINES, THE ORGANIZATION CONDUCTS AN ANNUAL SALARY REVIEW	FOR ALL
EMPLOYEES. THE ORGANIZATION PARTICIPATES IN SEVERAL SALARY SURVE	YS_WITH
SIMILARLY SIZED, INTERNATIONAL NON-PROFIT ORGANIZATIONS TO ENSURE	TAHT
ITS SALARIES ARE WITHIN THE RANGE OF THOSE OF COMPARABLE ORGANIZA	TIONS.
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 EMPL	OYEE'S
COMPENSATION WITHIN THE RANGE SET BY COMPARABILITY DATA. THE EXE	CUTIVE
COMMITTEE OF THE BOARD OF DIRECTORS APPROVES MODIFICATION OF COMP	ENSATION
THAT EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES. THE GUIDELINES ALSO	REQUIRE
THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE SEPARATELY THE COMP	ENSATION
OF THE PRESIDENT AND VICE PRESIDENT OF FINANCE AND OPERATIONS, UN	ILESS
SUCH INDIVIDUALS RECEIVE A MODIFICATION OF COMPENSATION THAT EXTE	NDS_TO
SUBSTANTIALLY ALL EMPLOYEES.	
THE LAST SALARY REVIEWS FOR THE ORGANIZATION'S PRESIDENT, VICE PR	RESIDENT
OF FINANCE AND OPERATIONS, AND KEY EMPLOYEES (SENIOR VICE PRESIDE	ENTS_OF
THE ORGANIZATION) WERE CONDUCTED IN JULY 2008 AS PART OF THE	
ORGANIZATION'S ANNUAL EMPLOYEE-WIDE SALARY REVIEW. IN 2009 THERE	C_WAS_AN
ORGANIZATIONAL SALARY FREEZE. AS A RESULT, THE ORGANIZATION DID	NOT
CONDUCT AN ANNUAL REVIEW FOR ITS EMPLOYEES IN 2009, BUT IT DID PE	ERFORM
INDIVIDUAL SALARY REVIEWS WHEN AN EMPLOYEE RECEIVED A PROMOTION.	<u>A</u>

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
SALARY REVIEW FOR THE GENERAL COUNSEL, WHO ALSO SERVES AS SECRETA	RY,_WAS
CONDUCTED IN 2010. THE TREASURER OF THE ORGANIZATION DOES NOT RE	CEIVE
ANY COMPENSATION, AND IS THEREFORE NOT SUBJECT TO ANY REVIEW.	
	<u></u>

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number 13-3377893
RAINFOREST ALLIANCE, INC.	13-3311033
_FORM 990 REVIEW PROCESS	
990, PAGE 6, SECTION A, LINE 10	
THE VP OF FINANCE AND ADMINISTRATION, CFO INITIALLY REVIEWS THE	
ORGANIZATION'S DRAFT FORM 990. THE OFFICE OF GENERAL COUNSEL, IN	ICLUDI NG
THE GENERAL COUNSEL IN HER CAPACITY AS ATTORNEY AND AS SECRETARY	OF THE
ORGANIZATION, REVIEWS THE DRAFT 990 WITH RESPECT TO ANY QUESTIONS	<u> </u>
INVOLVING LEGAL MATTERS. THE DRAFT FORM 990 IS DISTRIBUTED TO EA	ACH_OF
THE ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF THE	
ORGANIZATION'S NEXT QUARTERLY BOARD MEETING, EACH OFFICER AND DI	RECTOR
IS ASKED TO REVIEW THE DRAFT FORM 990, AND RAISE ANY QUESTIONS OF	3
COMMENTS AT THE BOARD MEETING. AFTER ALL COMMENTS ARE RECEIVED,	THE VP
OF FINANCE AND ADMINISTRATION, CFO OVERSEES ANY REVISIONS BEFORE	THE
FINAL FORM 990 IS FILED.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
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Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
FOREIGN PAYROLL TAXES AND FRINGE BENEFITS	
990, PAGE 10, PART IX, LINE 9	
FOR EMPLOYEES WORKING IN FOREIGN COUNTRIES, THE AMOUNTS FOR PENSI	ON PLAN
CONTRIBUTIONS, PAYROLL TAXES, AND OTHER EMPLOYEE BENEFITS ARE ALL	
INCLUDED IN LINE 9 - OTHER EMPLOYEE BENEFITS.	
·	·
	, ,, ,, , , , , , , , , , , , , , , ,

Name of the organization RAINFOREST ALLIANCE, INC. OTHER PROGRAM SERVICES DESCRIPTION AND HIGHLIGHTS - SPECIAL PROJECTS 990, PAGE 2, PART III, LINE 4D (1 OF 3) SPECIAL PROJECTS (ICAA) THE ALLIANCE FOR CONSERVATION AND SUSTAINABLE LIVELIHOODS IN THE ANDEAN AMAZON (ICAA IS ITS SPANISH ACRONYM), A CONSORTIUM FORMED BY THE RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACIÓN Y DESARROLLO (ECUADOR) AND FUNDACIÓN NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND TOURISM, WHILE BUILDING COMPETITIVE BUSINESSES AND SUSTAINABLE	
OTHER PROGRAM SERVICES DESCRIPTION AND HIGHLIGHTS - SPECIAL PROJECTS 990, PAGE 2, PART III, LINE 4D (1 OF 3) SPECIAL PROJECTS (ICAA) THE ALLIANCE FOR CONSERVATION AND SUSTAINABLE LIVELIHOODS IN THE ANDEAN AMAZON (ICAA IS ITS SPANISH ACRONYM), A CONSORTIUM FORMED BY THE RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACION Y DESARROLLO (ECUADOR) AND FUNDACION NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	
990, PAGE 2, PART III, LINE 4D (1 OF 3) SPECIAL PROJECTS (ICAA) THE ALLIANCE FOR CONSERVATION AND SUSTAINABLE LIVELIHOODS IN THE ANDEAN AMAZON (ICAA IS ITS SPANISH ACRONYM), A CONSORTIUM FORMED BY THE RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACION Y DESARROLLO (ECUADOR) AND FUNDACION NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	····
SPECIAL PROJECTS (ICAA) THE ALLIANCE FOR CONSERVATION AND SUSTAINABLE LIVELIHOODS IN THE ANDEAN AMAZON (ICAA IS ITS SPANISH ACRONYM), A CONSORTIUM FORMED BY THE RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACIÓN Y DESARROLLO (ECUADOR) AND FUNDACIÓN NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	····
THE ALLIANCE FOR CONSERVATION AND SUSTAINABLE LIVELIHOODS IN THE ANDEAN AMAZON (ICAA IS ITS SPANISH ACRONYM), A CONSORTIUM FORMED BY THE RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACIÓN Y DESARROLLO (ECUADOR) AND FUNDACIÓN NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	····
AMAZON (ICAA IS ITS SPANISH ACRONYM), A CONSORTIUM FORMED BY THE RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACION Y DESARROLLO (ECUADOR) AND FUNDACION NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	····
RAINFOREST ALLIANCE AND ITS TWO LOCAL PARTNER ORGANIZATIONS, CONSERVACION Y DESARROLLO (ECUADOR) AND FUNDACION NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	
Y DESARROLLO (ECUADOR) AND FUNDACIÓN NATURA (COLOMBIA) HAS AS ITS OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	
OBJECTIVE TO CONSERVE THE BIODIVERSITY OF THE ANDEAN AMAZON USING SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	
SUSTAINABLE MANAGEMENT AND CERTIFICATION IN FORESTRY, AGRICULTURE AND	
TOURISM, WHILE BUILDING COMPETITIVE BUSINESSES AND SUSTAINABLE	
LIVELIHOODS. WORK IS FOCUSED IN THE FOUR COUNTRIES THAT COMPOSE THE	
ANDEAN AMAZON REGION: COLOMBIA, ECUADOR, PERU, AND BOLIVIA.	
HIGHLIGHTS FOR 2009 INCLUDE:	
- ADDING 825 NEW COCOA PRODUCERS (800 OF THEM MEMBERS OF THE KICHWA	
TRIBE, WITH OVER 1000 HA OF FARMS LOCATED NEAR THE NAPO-GALERAS AND GRAN	
SUMACO PROTECTED AREAS) TO THE PROGRAM.	
- STRENGTHENING OF THE CONSORTIUM'S RELATIONSHIP WITH PRODUCER	
ORGANIZATIONS AND EXPORT BUSINESSES INVOLVED IN THE IMPLEMENTATION OF	
BEST MANAGEMENT PRACTICES IN COFFEE FARMS IN PERU. WE ARE NOW CURRENTLY	
WORKING WITH MORE THAN TWENTY ORGANIZATIONS REPRESENTING OVER 2,200	
COFFEE PRODUCERS THAT ARE IMPLEMENTING SOCIAL AND ENVIRONMENTAL BEST	-
MANAGEMENT PRACTICES IN MORE THAN 22,000 HA.	
- TRAINING ALMOST 1,500 COFFEE FARMERS IN COLOMBIA THROUGH 38	

Schedule O (Form 990) 2008		Page 2
Name of the organization	Employer identification number	
RAINFOREST ALLIANCE, INC.	13-3311093	
TRAINING EVENTS, IN SUBJECTS SUCH AS WASTE MANAGEMENT, WATER MANA	GEMENT,	
WILDLIFE PROTECTION, AND BIODIVERSITY CONSERVATION.		
- OBTAINING THE GEOGRAPHIC INFORMATION FOR THE BIOLOGICALLY		
SIGNIFICANT AREAS NEAR PROJECT FARMS AND SOME OF THE PROJECT FARM	S	-
- CANDELA PERU, A GROUP THAT MANAGES 50 BRAZIL NUT CONCESSION	ALRES	
TOTALING 50,000 HA, RECEIVED A PRE-ASSESSMENT FOR FOREST STEWARDS	<u>HIP</u>	,
COUNCIL (FSC) CERTIFICATION BY THE RAINFOREST ALLIANCE'S SMARTWOO	<u>D</u>	
DDOCDAM		
PROGRAM.		
- MOUS WERE SIGNED WITH RED FORESTAL TAMBOPATA (4 CONCESSIONS		
TOTALING 123,550 HA), FRONTIER FORESTAL (2 CONCESSIONS TOTALING 6	7,864	_
HA), AND RED CHILINA (4 CONCESSIONS TOTALING 43,381 HA) TO BEGIN		
_CERTIFICATION PROCESS AND RECEIVE TRAINING AND TECHNICAL ASSISTAN	CE_IN	
BUSINESS PLAN DEVELOPMENT AND MARKET LINKAGE SUPPORT.		
	Q.M.	
- SIGNING OF TWO MOUS IN BOLIVIA, ONE WITH AN INDIGENOUS FORE	<u>5T</u>	
ORGANIZATION CALLED YAMINAHUA-MACHINER, AND THE OTHER WITH THE NG	O_AMAPAN	
(SUSTAINABLE DEVELOPMENT PROGRAM FOR PANDO). THE GOAL OF THESE MO	US IS TO	
INCREASE THE LEVEL OF UNDERSTANDING OF FSC PRINCIPLES AND CRITERI	A_AMONG	
ORGANIZATIONS' MEMBERS AND BENEFICIARIES, AND FACILITATE A STEP-W	TSE	
_ORGANIZATIONS' MEMBERS AND BENEFICIARIES, AND EACIDITATE TO THE	±22	
APPROACH TOWARDS GROUP CERTIFICATION.		
- 25 NEW OPERATIONS WERE ADDED INTO THE SUSTAINABLE TOURISM B	EST	·
MANAGEMENT PRACTICES PROGRAM, BRINGING THE TOTAL NUMBER TO DATE T	<u>U_34_[33</u>	
IN ECUADOR AND 21 IN PERU). TWENTY-THREE OF THESE OPERATIONS (14	<u>IN</u>	-

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
ECUADOR AND 9 PERU) RECEIVED SUSTAINABILITY AND BEST MANAGEMENT	PRACTICES
DIAGNOSTIC EVALUATIONS. ANOTHER IMPORTANT ACHIEVEMENT WAS THE	
ESTABLISHMENT OF FIVE NEW ALLIANCES WITH LOCAL TOUR OPERATORS (3 <u>I</u> N
ECUADOR AND 2 IN PERU) THAT WILL INCLUDE THE PROJECT'S TOURISM	OPERATIONS
IN THEIR PORTFOLIOS.	
- SIGNING AN IMPORTANT AGREEMENT WITH THE ECUADOR MINISTRY	OF TOURISM
(MINTUR) THAT WILL ALLOW US TO CONTINUE WORKING WITH THE TOURIS	<u>M</u>
PROMOTION FUND TO POSITION ECUADOR AS A SUSTAINABLE TOURISM DES	TI NATI ON,
AND WITH THE MINISTRY'S AMAZON REGION PROGRAM.	
,	

Schedule O (Form 990) 2008	Employer identification number
Name of the organization RAI NFOREST ALLI ANCE, I NC.	13-3377893
OTHER PROGRAM SERVICES DESCRIPTION AND HIGHLIGHTS -COMMUNICATION	/EDUCATION
990, PAGE 2, PART III, LINE 4D (2 OF 3)	
COMMUNICATIONS/EDUCATION	
THE DELIVER OF THE ANGELS COMMUNICATIONS (FOUGHTON DOOD AN MODICS	TIO .
THE RAINFOREST ALLIANCE'S COMMUNICATIONS/EDUCATION PROGRAM WORKS	
PROMOTE THE WORK OF THE RAINFOREST ALLIANCE WORLDWIDE, AND TO DE	VELOP AND
EXPAND OUR DISTINCTIVE AND INNOVATIVE LEARNING MATERIALS AND IMP	LEMENT
OUR ENVIRONMENTAL EDUCATION CURRICULA AT ELEMENTARY SCHOOLS WITH	LARGE
POPULATIONS OF LATINO STUDENTS IN SPECIFIC US CITIES.	
_HIGHLIGHTS_IN_2009_INCLUDE:	
LAUNCHING OUR VIRTUAL TREEHOUSE, AN INTERACTIVE SECTION OF	OUR_WEB
SITE WHERE KIDS CAN PLAY GAMES THAT ALLOW THEM TO EXPLORE THE WO	NDERS_OF
THE RAINFOREST WHILE LEARNING IMPORTANT SCIENCE, SOCIAL STUDIES	AND
SEQUENCING CONCEPTS.	.
LAUNCHING A NEW SCHOOL PARTNERSHIP WITH FIRST AVENUE AND	<u>HAWTHORNE</u>
AVENUE SCHOOLS IN NEWARK, NJ, AND BUILDING ON SUCCESSES AT EXIST	I NG
DADMNED GGHOOT C	
PARTNER SCHOOLS.	
- EXPANDING OUR EDUCATIONAL RESOURCES TO INCLUDE ADDITIONAL	SPECIES
PROFILES ABOUT THE FASCINATING FLORA AND FAUNA FOUND IN RAINFORE	STSA
SLIDESHOW ON COFFEE, COLORING PAGES, AND MAPS SHOWING FOREST COV	ER DATA
OVER TIME TO GRAPH DEFORESTATION RATES.	
- REVISING PROFILES OF THE RAINFOREST ALLIANCE'S WORK WITH C	OMPANIES

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
IN ORDER TO MAKE THEM MORE "KID FRIENDLY". THESE RESOURCES WERE A	DDED_TO
THE RAINFOREST ALLIANCE LEARNING SITE. WE ALSO REVAMPED THE LEARN	ING_SITE
TO MAKE IT EASIER TO NAVIGATE THROUGH THE NUMEROUS RESOURCES AND	A NEW
LEARNING SITE WAS LAUNCHED OVER THE SUMMER OF 2008.	
- COLLABORATING WITH EARTHWATCH, CREATIVE CONNECTIONS AND SEA	WORLD
BUSCH GARDENS TO EXPAND OPPORTUNITIES TO PARTNER SCHOOLS AND EXPA	NDI NG
OUR CURRICULUM TO INCLUDE LESSONS FOR MIDDLE SCHOOL GRADES FOCUSE	D ON
SUSTAI NABLE FORESTRY.	

Schedule O (Form 990) 2008	Page Z
Name of the organization RAI NFOREST ALLI ANCE, INC.	Employer identification number 13-3377893
OTHER PROGRAM SERVICES DESCRIPTION AND HIGHLIGHTS - SUSTAINABLE T	
990, PAGE 2, PART III, LINE 4D (3 OF 3)	
SUSTAINABLE TOURISM	
THE RAINFOREST ALLIANCE'S SUSTAINABLE TOURISM PROGRAM IS WORKING	TO HELP
TOURISM ENTREPRENEURS CONSERVE THEIR ENVIRONMENTS AND CONTRIBUTE	TO LOCAL
LIVELIHOODS, WHILE IMPROVING THEIR OWN BOTTOM LINE.	
THE RAINFOREST ALLIANCE IS LEADING A GLOBAL EFFORT TO HELP DEFINE	
STANDARDIZE AND SCALE UP SUSTAINABLE TOURISM, PARTNERING WITH INC	
ASSOCIATIONS, NONPROFITS, AND GOVERNMENT AGENCIES, WE PROMOTE HIG	
ENVIRONMENTAL AND SOCIAL STANDARDS FOR THE TOURISM INDUSTRY AND	
GOVERNMENT TOURISM POLICY. WE HAVE BEEN WORKING WITH SMALL AND	
MEDIUM-SIZED BUSINESSES, AS WELL AS INDIGENOUS AND COMMUNITY GROU	IPS IN
LATIN AMERICA, TO EDUCATE THEM ON THE OPPORTUNITIES THAT EXIST TO)
_INCORPORATE_ON-SITE_CONSERVATION_MEASURES_INTO_THEIR_OPERATIONS,_	THEREBY
MINIMIZING THEIR IMPACT ON LOCAL WILDLIFE AND LANDSCAPES.	
HIGHLIGHTS IN 2009 INCLUDE:	
	IDIOM
- TRAINING AN ADDITIONAL 1, 200 ENTERPRISES IN SUSTAINABLE TOU	JKI 2 M
PRACTICES.	
- CONDUCTING MORE THAN 200 PILOT DIAGNOSES OF A SET OF REGION	NAL
BASELINE STANDARDS DURING ON-SITE VERIFICATION VISITS WITH TOURIS	<u> </u>
BUSI NESSES.	

Schedule O (Form 990) 2008	Fage Z
Name of the organization RAI NFOREST ALLI ANCE, I NC.	Employer identification number
- ESTABLISHING MORE THAN 20 NEW ALLIANCES WITH INBOUND	
(NATIONAL-LEVEL) TOUR OPERATORS, AND AN ADDITIONAL 10 AGREEMENTS	S_WITH
INTERNATIONAL TOUR OPERATORS FROM SEVERAL COUNTRIES. THESE OPER	RATORS
AGREED TO SOURCE A MAJORITY OF THEIR TOUR AND TRAVEL PACKAGES FR	ROM_THE
ENTERPRISES WHO ARE IMPLEMENTING BEST PRACTICES IN OUR PROGRAM.	
- INCREASING THE NUMBER OF ORGANIZATIONS REPRESENTING THE RE	EGIONAL
NETWORK IN THEIR RESPECTIVE COUNTRIES, WITH 10 NEW MEMBERS JOINI	NG THE
NETWORK IN 2009.	
- DEVELOPING FOUR GUIDES TO PRACTICAL OPERATIONAL BEST PRACT	TICES FOR
TOURISM BUSINESSES OPERATING IN TOPICAL FOREST AND MARINE ECOSYS	STEMS, ALL
OF WHICH HAVE SPANISH AND ENGLISH, PRINT AND DIGITAL EDITIONS: 1	l)_GUIDE
TO GOOD PRACTICES FOR SUSTAINABLE TOURISM IN MARINE-COASTAL ECOS	SYSTEMS;
2) GUIDE TO GOOD PRACTICES FOR SUSTAINABLE TOURISM IN TROPICAL I	PORESTS
ACCOMMODATION SERVICES; 3) BEST PRACTICES GUIDE FOR MARINE TOUR	
OPERATORS; AND 4) BEST PRACTICES GUIDE FOR TROPICAL FOREST TOUR	
OPERATORS. THESE GUIDES ARE CURRENTLY BEING USED THROUGHOUT LATI	IN_AMERICA
AND BEYOND, THUS FACILITATING THE DISSEMINATION OF BEST PRACTICE	ES_TO
BENEFICIARIES EVEN OUTSIDE OF RAINFOREST ALLIANCE FIELD PROJECTS	5
- CONTINUING TO LEAD THE PROCESS TO CREATE AN INTERNATIONAL	BODY THAT
WILL BECOME THE ACCREDITATION ORGANIZATION OF TOURISM CERTIFICA	FION
SCHEMES. IN 2009, THE GLOBAL BASELINE CRITERIA FOR SUSTAINABLE	<u>rourism</u>
WERE ANNOUNCED IN BARCELONA BY TED TURNER AND THE UN FOUNDATION.	THIS
PARTNERSHIP FOR THE GLOBAL CRITERIA WAS COMPRISED OF 27 ORGANIZA	ATIONS,
WHICH INCLUDED IN-KIND SUPPORT AND TECHNICAL EXPERTISE FROM RAIL	NFOREST

Schedule O (Form 990) 2008	Page Z
Name of the organization	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
ALLIANCE. THE GROUP ANALYZED 4,500 CRITERIA AND INVITED MORE THA	и 80,000
PEOPLE TO COMMENT. THESE CRITERIA BECAME THE BASELINE FOR THE PR	INCIPLES
OF THE FUTURE ACCREDITATION AGENCY, THE TOURISM SUSTAINABILITY CO	UNCIL
(TSC), WHICH WAS FORMALLY LAUNCHED IN EARLY 2009. RAINFOREST ALL	I ANCE
HAS LED THE TECHNICAL AND ADMINISTRATIVE SUPPORT FOR THE TSC PROC	<u>ESS</u>
SINCE 2001.	

Schedule O (Form 990) 2008	Page 2
Name of the organization .	Employer identification number
RAINFOREST ALLIANCE, INC.	13-3377893
RELATED ENTITY EXPENSE TRACKING	
SCHEDULE R, PAGE 3, PART V, ITEM 2	
THE ORGANIZATION HAS NOT CURRENTLY BEEN TRACKING CERTAIN CLASSES	OF
EXPENSES OF RELATED ORGANIZATIONS. AS A RESULT, SUCH EXPENSES HA	VE_NOT
BEEN INCLUDED IN THE TOTALS SHOWN ON SCHEDULE R PART V. THE ORGA	NIZATION
HAS IMPLEMENTED CHANGES THAT WILL ALLOW IT TO TRACK SUCH EXPENSES	<u>ON A</u>
GOING-FORWARD BASIS.	

Schedule O (Form 990) 2008		Page 2
Name of the organization	Employer identification number	
RAINFOREST ALLIANCE, INC.	13-3377893	
AMENDED FORM 990		
PAGE 1, SECTION B, AMENDED RETURN		
AN AMENDED RETURN IS BEING FILED TO CORRECT REPORTING OF THE BOAR	D	
DIRECTORS OF THE ORGANIZATION. NON-VOTING DIRECTORS HAVE NOT BEE	<u>N</u>	
INCLUDED IN THE AMENDED RETURN, AS PER FORM 990 INSTRUCTIONS, AND		
CORRESPONDING CHANGES TO THE RETURN HAVE BEEN MADE.		
		-

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

20**08**

OMB No. 1545-0047

(F)
Direct controlling
entity Employer identification number 13-3377893 (E) End-of-year assets (D) Total income (C)
Legal domicile (state
or foreign country) ▶ See separate instructions. (B) Primary activity Identification of Related Tax-Exempt Organizations (A)Name, address, and EIN of disregarded entity Identification of Disregarded Entities RAINFOREST ALLIANCE, INC. Department of the Treasury Internal Revenue Service Name of the organization Part II Part

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state	(D) Exempt Code section	(E) Public charity status	(F) Direct controlling
		or foreign country)		(if section 501(c)(3))	entity
RAINFOREST ALLIANCE MEXICO					
MARGARITA MAZA #422, CENTRO, C. P. 68000, OAXACA TREES	CACA TREES	MX			RA
1					
CHELSEA, QUEE	SMARTWOOD	CA			RA
	1				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

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13-3377893

Schedule R (Form 990) 2008

Part III

Identification of Related Organizations Taxable as a Partnership

5 G	ا م ا		l	1	1
(J) General or managing partner?	Yes No		 	- · · · · · - · · · · · · · · · · · · ·	
	ĽŽ	 			
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					
(H) Disproportomate allocations?	Yes No				
(G) Share of end-of-year assets					
(F) Share of total income					
(E) Predominant income (related, investment, unrelated)					
(D) Direct controlling entity					
(C) Legal domicile (state or foreign	(A)				
(B) Primary activity					
(A) Name, address, and EIN of related organization					 The last productor was the last the same way rate than the way was the last

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SUSTAINABLE FARM INTERNATIONAL, LIMITADAAPARTADO 11029-1000 SAN JOSE, MX	 AGRICULTURE	CS	3.A	LLC			100,0000
PT SMARTWOOD INDONESIA JI CIUNG WANARA #1, RENON, DENPASAR 8022 BAII, CA	 SMARTWOOD PROGRAM	10	 8.ਕ.	LIC			100.0000
RAINEOREST ALLIANCE SLR CALLE MANUEL IGNACIO SALVATIER #359 SANTA CRUZ,	 SMARTWOOD PROGRAM	BL	8A	TIC			100.0000
				A professional and the second and th			
	1						
						Schedule R (Form 990) 2008	m 990) 2008

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JSA

Transactions With Related Organizations

Schedule R (Form 990) 2009

Part V

Page 3

13-3377893

Note. Complete line 1 if any entity is listed in Parts II, III, or IV. 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—N/2	Parts II-N/2	Yes No
b Gift, grant, or capital contribution to other organization(s)		1c x
		1d ×
		1e X
# Color of accordance for approximation/a)		> +
g Purchase of assets from other organization(s)		
		1h ×
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
i lease of facilities equipment or other assets from other omenization(s)		1. ×
		1k ×
l Performance of services or membership or fundraising solicitations by other organization(s)		×
_		1 m
n Sharing of paid employees		Y X
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		7p X
		70 ×
 q Other transfer or cash or property to other organization(s)		
ons for information on who must complete this line, including covered	relationships and transaction thresholds	
(A) Name of other organization(s)	(B) Transaction Amoun type (a-r)	(C) Amount involved
* TOTAL CONT. TOTAL CONT.		
II EI SMAKIWOOD INDONESIA	7	30,000.
(2) RAINFOREST ALLIANCE MEXICO	7	212,484.
(3) RAINFOREST ALLIANCE SLR	, T	255, 334.
A CANAD CONTEST OF A CONTEST OF A CANADA CONTE		700
NEL NE ONES 1 ALLLI MICE CENEDA		4004,000
(5) SUSTAINABLE FARM INTERNATIONAL, LIMITADA	7,8	802,850.
(9)		
	Schedule	Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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) (C) (C) (D) Name, address, and EIN of entity Primary activity (state or foreign section (st	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
of the Control of the			Yes No		Yes No	(100)	Yes No
alpha miningapi pharagana ang managana ang managana ang managana ang managana ang managana ang managana ang ma							
			i				
						Schedule R (Form 990) 2008	1 990) 2008

4A PROGRAM SERVICE

SMARTWOOD - AS THE WORLD'S LEADING FOREST STEWARDSHIP COUNCIL (FSC) FOREST MANAGEMENT CERTIFIER, SMARTWOOD SETS THE INTERNATIONAL GOLD STANDARD FOR CREDIBILITY IN AUDITING ENVIRONMENTALLY AND SOCIALLY RESPONSIBLE FORESTRY. THE SMARTWOOD PROGRAM OFFERS A DIVERSE SET OF CERTIFICATION AND VERIFICATION SERVICES.

FISCAL YEAR 2009 WAS A SUCCESSFUL YEAR AND THE SMARTWOOD PROGRAM CONTINUED TO GROW. RAINFOREST ALLIANCE HAS MAINTAINED ITS MARKET SHARE IN TERMS OF FOREST MANAGEMENT CERTIFICATION IN THE FOREST STEWARDSHIP COUNCIL (FSC) SYSTEM, WITH AROUND 40% OF THE TOTAL CERTIFIED HECTARES IN THE FSC SYSTEM, AS MEASURED BY THE NUMBER OF FOREST HECTARES UNDER MANAGEMENT, MOVING FROM 44 MILLION TO 53 MILLION HECTARES. IN ADDITION, OUR TOTAL NUMBER OF CHAIN OF CUSTODY CERTIFICATES IN THE FSC SYSTEM HAS RISEN FROM 2,014 CERTIFICATES TO 2,667 CERTIFICATES (REPRESENTING 19% OF THE FSC PORTFOLIO).

HIGHLIGHTS IN 2009 INCLUDE:

- DURING 2009, THE NUMBER OF OPERATIONS GREW BY 24% AND ACRES CERTIFIED BY SMARTWOOD GREW 20%. SMARTWOOD ACHIEVED THIS GROWTH DESPITE GROWING COMPETITION WITHIN THE FSC SYSTEM, WHERE THERE ARE NOW MORE THAN 20 ACCREDITED CERTIFICATION BODIES. THESE ACHIEVEMENTS DEMONSTRATE SMARTWOOD'S CONTINUING LEADERSHIP POSITION IN THE FSC SYSTEM, AND ARE THE RESULT OF BOTH A STRUCTURE AND STRATEGY THAT IS PROVING EFFECTIVE.
- THE STRONG GROWTH OF CERTIFICATES, PARTICULARLY FSC CHAIN OF CUSTODY (COC) IN US, CANADA, ASIA PACIFIC AND EASTERN EUROPE/RUSSIA WAS A MAIN DRIVER FOR SMARTWOOD. COC CERTIFICATION GREW 26% DURING THE PERIOD. DEMAND HAS REMAINED STRONG IN THE PAPER/PRINTING SECTOR. THIS SECTOR NOW COMPOSES CLOSE TO 50% OF ALL CERTIFICATES IN NORTH AMERICA.
- FOREST MANAGEMENT CERTIFICATION GREW AT A MUCH SLOWER RATE IN FY 09 WITH CERTIFICATES INCREASING AT 5%. THESE CERTIFICATES, HOWEVER, WERE LARGELY BOREAL FOREST OPERATIONS WHOSE LARGE SIZE RESULTED IN AN INCREASE OF CERTIFIED FOREST AREA OF 20%.
- AFTER SEVERAL YEARS OF DEVELOPMENT, IN 2009 SMARTWOOD SAW A GROWTH OF VERIFICATION SERVICES, NOTABLY LEGALITY VERIFICATION IN ASIA PACIFIC AND CARBON VERIFICATION IN ALL REGIONS.

- FY 2008 WAS A PARTICULARLY CHALLENGING YEAR FOR SMARTWOOD WHERE ACCELERATED PORTFOLIO GROWTH STRETCHED SMARTWOOD SYSTEMS AND LOWERED KEY INDICATORS OF CUSTOMER SERVICE. IN 2009, A STOPGAP POLICY THAT SLOWED ACCEPTANCE OF NEW APPLICANTS COUPLED WITH INTENSIVE STAFF TRAINING, CONTRIBUTED TOWARDS A MARKED IMPROVEMENT IN AUDIT SCHEDULING, AUDIT TIMELINESS AND OVERALL AUDIT QUALITY.
- FSC HAS BEEN INEFFECTUAL IN DEVELOPING STREAMLINED CERTIFICATION REQUIREMENTS TO INCREASE PARTICIPATION OF SMALL LANDOWNERS. IN 2009, SMARTWOOD PARTNER NEPCON COMPLETED A NOVEL PILOT EFFORT IN THE BALTICS WHERE SMARTLOGGING STANDARDS WERE INTEGRATED WITH THE FSC FOR ULTRA SMALL LANDOWNERS. THIS PROJECT WHICH WAS DONE IN COORDINATION WITH STORA ENSO AND WWF, PROVIDES A NEW MODEL FOR BRINGING SMALL LANDOWNERS INTO CERTIFICATION.
- IN MARCH 2009, AFTER MORE THAN TWO YEARS OF PLANNING AND DEVELOPMENT, SMARTWOOD LAUNCHED A NEW DATABASE/BUSINESS PLATFORM SALESFORCE TO REPLACE AN AGING ACCESS-BASED DATABASE. SIGNIFICANT ORGANIZATIONAL RESOURCES WERE INVESTED IN IMPLEMENTING SALESFORCE INCLUDING STAFF TRAINING, DEVELOPMENT OF MANAGEMENT AND TASK TRACKING REPORTS AND ADDING LABOR SAVING OR EFFICIENCY MEASURES.
- CONTINUING A LONG TERM EFFORT TO CREATE A DECENTRALIZED SERVICE DELIVERY NETWORK, IN 2009 SMARTWOOD DECENTRALIZED KEY FUNCTIONS, USUALLY IMPLEMENTED THROUGH OUR HEADQUARTERS OFFICE, INCLUDING CERTIFICATION ADMINISTRATION TASKS SUCH AS CONTRACTING AND CERTIFICATE ISSUANCE. THIS CHANGE GREATLY IMPROVED REGIONAL CONTROL OF THE CERTIFICATION PROCESS AND REMOVING BOTTLENECKS AND INEFFICIENCIES.

4B PROGRAM SERVICE

SUSTAINABLE AGRICULTURE - THE SUSTAINABLE AGRICULTURE PROGRAM IS THE LEADING MODEL FOR EFFECTIVE IMPLEMENTATION OF SOCIAL AND ENVIRONMENTAL BEST MANAGEMENT PRACTICES. OUR GOAL IS TO PROMOTE SUSTAINABLE AGRICULTURE WORLDWIDE THROUGH OUR INTERNATIONALLY CREDIBLE, PROACTIVE AND RESPONSIVE CERTIFICATION SYSTEM THAT REMAINS ACCESSIBLE TO LARGE AGRIBUSINESSES AND SMALL FARMERS ALIKE.

IN THE PURSUIT OF GLOBAL SUSTAINABLE AGRICULTURE, WE ARE COMMITTED TO DEVELOPING OUR PROGRAM INTO THE LEADING MODEL FOR EFFECTIVE IMPLEMENTATION OF SOCIAL AND ENVIRONMENTAL BEST MANAGEMENT

PRACTICES. OUR GOAL IS TO PROMOTE SUSTAINABLE AGRICULTURE WORLDWIDE THROUGH OUR INTERNATIONALLY CREDIBLE, PROACTIVE AND RESPONSIVE CERTIFICATION SYSTEM THAT REMAINS ACCESSIBLE TO LARGE AGRIBUSINESSES AND SMALL FARMERS ALIKE. AS WE CONTINUE TO MAXIMIZE, DOCUMENT AND SHARE THE CONSERVATION AND COMMUNITY BENEFITS OF OUR STANDARDS, WE HAVE ENCOURAGED THE INCREASED DEMAND FOR SUSTAINABLE AGRICULTURE PRODUCTS.

HIGHLIGHTS IN 2009 INCLUDED:

- INCREASING THE AGRICULTURAL LAND CERTIFIED TO MORE THAN 1,500,000 ACRES CERTIFIED GLOBALLY, REPRESENTING MORE THAN 40,000 FARMS.
- EXPANDING OUR COCOA WORK INTO GHANA, THROUGH A NEW FORMAL PARTNERSHIP WITH MARS. IN COFFEE, WE EXPANDED INTO TANZANIA AND COMPLETED THE FIRST CERTIFICATIONS THERE.
- EXPANDING OUR COFFEE PROGRAM INTO ASIA, CERTIFYING OUR FIRST GROUPS OF FARMS IN INDONESIA, REPRESENTING MORE THAN 4,800 FARMS. WE BEGAN WORKING WITH MANY COFFEE FARMS IN VIETNAM AS WELL DURING 2009.
- DEEPENING OUR COCOA WORK IN LATIN AMERICA (ECUADOR AND DOMINICAN REPUBLIC). IN 2009 WE HAD MORE THAN 3,000 COCOA FARMS CERTIFIED IN ECUADOR, AND MORE THAN 3,100 FARMS CERTIFIED IN THE DOMINICAN REPUBLIC. IN ADDITION TO THE MARS PARTNERSHIP, WE HAD SEVERAL ONGOING DISCUSSIONS WITH LARGE CHOCOLATE BUYERS AND BECAME CLOSE TO FINALIZING AGREEMENTS.
- INCREASING THE NUMBER OF NEW COMPANIES PARTICIPATING IN OUR PROGRAM THROUGH PROMOTION OF CERTIFIED PRODUCTS AND HEIGHTENED COMMUNICATION OF MARKET OPPORTUNITIES. NEW RELATIONSHIPS WITH COMPANIES INCLUDED MANY NEW MAINSTREAM AND NICHE COMPANIES BUYING RAINFOREST ALLIANCE CERTIFIED COFFEE AND OTHER PRODUCTS. SOME EXAMPLES INCLUDE WAL-MART, TARGET AND SAM'S CLUB ALL STARTING TO SOURCE RAINFOREST ALLIANCE CERTIFIED COFFEE. WHOLE FOODS BEGAN SELLING RAINFOREST ALLIANCE CERTIFIED COFFEE, BANANAS, AND CHOCOLATE. COSTCO BECAME THE FIRST MAJOR US RETAILER TO SELL RAINFOREST ALLIANCE CERTIFIED FLOWERS.
- EXPANDING OUR WORK TO IMPROVE THE LIVELIHOODS OF TEA GROWERS AND WORKERS IN AFRICA AND INDIA. WE CERTIFIED SEVERAL LARGE ESTATE FARMS IN KENYA, TANZANIA AND INDIA IN 2009. THIS WORK WAS GREATLY CATALYZED BY A COMMITMENT FROM UNILEVER, THE WORLD'S LARGEST TEA COMPANY AND MAKER OF THE LIPTON BRAND, WHICH ANNOUNCED

PLANS IN 2007 TO SOURCE ITS ENTIRE TEA SUPPLY SUSTAINABLY, STARTING WITH THE CERTIFICATION OF ITS TEA PRODUCERS IN EAST AFRICA, TO RAINFOREST ALLIANCE STANDARDS.

4C PROGRAM SERVICE

TREES - THE RAINFOREST ALLIANCE'S TREES PROGRAM FOCUSES ON (TR) AINING, (E) XTENSION, (E) NTERPRISES AND (S) OURCING ACTIVITIES. WE HELP COMMUNITIES AND SMALL AND MEDIUM ENTERPRISES (SMES) HARVEST AND PRODUCE FOREST PRODUCTS IN A SUSTAINABLE WAY, AND SELL THEIR GOODS TO CONSCIENTIOUS CONSUMERS IN THE GLOBAL MARKETPLACE.

THE RAINFOREST ALLIANCE HAS PIONEERED SUSTAINABLE FORESTRY ON A GLOBAL SCALE, HELPING TO MAKE WORKING FORESTS SUSTAINABLE, AND - BY PROMOTING RESPONSIBLE MANAGEMENT - HELPING SUSTAIN AND ENHANCE THE LIVELIHOODS DERIVED FROM THEM.

HIGHLIGHTS IN 2009 INCLUDE:

- TRAINING 8,000 PEOPLE IN FORESTRY CERTIFICATION BY OUR PROGRAM IN CHINA OVER THE LAST THREE YEARS, WITH MORE THAN 3,000 IN 2009 ALONE. THIS WAS A 300% INCREASE OVER OUR ORIGINAL THREE-YEAR PROJECT TARGET. TRAINING CONTINUED IN MANY OTHER COUNTRIES AS WELL.
- DEVELOPING AND DISSEMINATING NEW MODELS FOR COMMUNITY GROUPS IN PRIORITIZED AREAS; BUSINESS SKILL TRAININGS TO COMMUNITY GROUPS; AND SEVERAL NEW PRODUCTS DEVELOPED FROM LOWER GRADES OF WOOD. WE CONTINUED TO FOCUS ON COMMUNITY FORESTRY MODELS, ESPECIALLY IN GUATEMALA, HONDURAS, NICARAGUA AND MEXICO. 2009 SAW THE DEEPENING OF WORK IN GUATEMALA, ADDING MANY NEW PRODUCTS TO CERTIFIED SALES FROM THE REGION, AND AN EXPANSION OF OUR WORK IN HONDURAS TO SEVERAL NEW INDIGENOUS COMMUNITIES WHO ARE HARVESTING NEW NON-TIMBER PRODUCTS FOR HAIR CARE PRODUCTS.
- BROADENING OUR GEOGRAPHIC SCOPE TO INCLUDE AN INCREASED FOCUS ON CHINA, MEXICO, HONDURAS, NICARAGUA, AND INCREASINGLY, ASIA AND AFRICA. REPLICATING THE CHINA WORK IN SIBERIAN RUSSIA, ANOTHER KEY AREA WHERE AWARENESS-BUILDING IN RESPONSIBLE FORESTRY IS URGENTLY REQUIRED. WE HAVE GREATLY SCALED UP OUR WORK IN MEXICO BY PREPARING FOR A NEW PROJECT WITH GLOBAL ENVIRONMENT FACILITY FUNDING. OUR CHINA PROJECT RENEWED SUPPORT FOR AN ADDITIONAL THREE YEARS FROM IKEA. IN 2009 WE LAUNCHED A NEW THREE YEAR PROJECT IN SIBERIAN RUSSIA, ALSO WITH LEADERSHIP SUPPORT FROM

IKEA.

- ENGAGING COMPANIES AS WELL AS THE FINANCIAL SECTOR TO USE THEIR PURCHASING AND INVESTING POWER TO FOSTER AND SUPPORT SUSTAINABLE FORESTRY. WE CONTINUED TO ENGAGE THE FINANCIAL SECTOR ON SUSTAINABLE INVESTING AND A COMMITMENT TO FSC CERTIFICATION AS A PRE-REQUISITE FOR ANY FOREST MANAGEMENT OPERATIONS THEY MAY BE INVESTING IN. WE WORKED CLOSELY WITH HSBC, JPMORGAN CHASE, CITIGROUP AND OTHERS ON THIS ISSUE.
- DEEPENING OUR WORK IN PENNSYLVANIA'S GREEN BUILDING MOVEMENT. IN 2009 WE ASSISTED SEVERAL HIGH-PROFILE GREEN BUILDING PROJECTS, AND WE TRAINED MORE THAN 800 KEY STAKEHOLDERS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

REVENUE	332,702. 197,180. 31,103. 68,592.	629, 577.
EXPENSES	2,795,362. 2,205,341. 1,786,957.	6,787,660.
GRANTS	792, 333. 39, 594. 34, 956.	866,883.
DESCRIPTION 	SPECIAL PROJECTS COMMUNICATIONS/EDUCATION SUSTAINABLE TOURISM OTHER PROGRAM REVENUE	TOTALS

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

COSTA RICA BOLIVIA SPAIN INDONESIA GUATEMALA MEXICO NICARAGUA ECUADOR

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VIII - INVESTMENT INCOME

BUSINESS REV. UNRELATED ົນ EXEMPT REVENUE RELATED OR (B) 71,907. 71,907. REVENUE TOTAL (A) TOTALS INTEREST INCOME DESCRIPTION

71,907.

71,907.

EXCLUDED REVENUE

(D)

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STATEMENT

1,315,823.

RAINFOREST ALLIANCE, INC.

TOTAL

FORM 990,	PART	VIII -	- EXCI	UDED	CONTRIBUTIONS
	=====				

DESCRIPTION	AMOUNT
GALA	1,315,823.

13-3377893

- FUNDRAISING EVENTS FORM 990, PART VIII

NET I NCOME 	-61,056.	-61,056.
DIRECT EXPENSES		258,356.
GROSS INCOME		197,300.
DESCRIPTION	GALA	TOTALS

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STATEMENT

13-3377893

RAINFOREST ALLIANCE, INC.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION		BEGI NNI NG BOOK VALUE	ENDING BOOK VALUE
DESCRIPTION		DOOK VALUE	
SUBAGREEMENT ADVANCE PREPAID EXPENSES		298,771. 59,342.	117,086. 188,663.
	TOTALS	358,113.	305,749.

RAINFOREST ALLIANCE, INC.

13-3377893

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDI NG BOOK VALUE	COST OR FMV
SEGREGATED INVESTMENTS		33,746.	25,446.	FMV
	TOTALS	33,746.	25,446.	

13-3377893

RAINFOREST ALLIANCE, INC.

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION _____

BEGINNING BOOK VALUE

DEFERRED INCOME

216,000.

TOTALS

216,000. _____ RAINFOREST ALLIANCE, INC.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE ______

MACARTHUR FOUNDATION LENDER: ORIGINAL AMOUNT: 1,000,000.

DATE OF NOTE: 04/16/1999

MATURITY DATE: 10/31/2010

REPAYMENT TERMS: PRINCIPAL AMOUNT DUE IN FULL ON 10/31/10

PURPOSE OF LOAN: SUPPORTING SMARTWOOD PROGRAM

956,700. BEGINNING BALANCE DUE 956,700. ENDING BALANCE DUE

LENDER: THE FORD FOUNDATION

ORIGINAL AMOUNT: 1,500,000.

DATE OF NOTE: 07/31/1998

MATURITY DATE: 12/31/2010

REPAYMENT TERMS: REPAYMENT PERCENTAGE EACH DECEMBER 31 THROUGH 2010

PURPOSE OF LOAN: SUPPORT OF GLOBAL SMARTWOOD CERTIFICATION PROGRAM

1,435,050. BEGINNING BALANCE DUE ENDING BALANCE DUE 1,435,050.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,391,750. ______

2,391,750. TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE _____

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

(D) METHOD OF DETERMINING	FAIR MARKET VALUE FAIR MARKET VALUE FAIR MARKET VALUE FAIR MARKET VALUE	
(C) REVENUES REPORTED	1,000. 3,500. 33,336.	38,336.
(B) NUMBER OF (C) CONTRIBUTIONS	다 더 더 다	4.
(A) CHECK	***	
DESCRIPTION	GALA POSTERS AND ADVERTISEMENT GALA MATERIALS GALA SILENT AUCTION SERVICES GALA PRODUCTION AND AUDIO/VISUAL SERVICES	TOTALS

STATEMENT 16

13-3377893

RAINFOREST ALLIANCE, INC.

Description of Property

50,886. 26, 501. 50,886. 6,047. Current-year amortization Current-year depreciation ACRS CRS 179 class class expense 5.000 5,000 Life 10.000 Ę Beginning Ending
Accumulated Accumulated Medepreciation depreciation thod Conv. Accumulated Accumulated amortization amortization code 438, 488. SI 17,897. SL 125, 304. 581,689. 581,689. 530,803. 530, 803. 420, 150. 98,803. 11,850. 530,844. 723, 625. 723, 625. Basis for depreciation 60, 275. 132, 506. Basis Reduction 179 exp. reduction in basis 100.000 100.000 60, 275, 100, 000 Bus, % Unadjusted Cost or basis 132, 506. 530,844. 723, 625. 723, 625. Cost or basis TOTALS.....AMORTIZATION Date placed in service Subtotals Date placed in service Subtotals Less: Retired Assets VARIOUS VARIOUS VARIOUS ess: Retired Assets TOTALS, Asset description Asset description LEASEHOLD IMPROVE DEPRECIATION Listed Property FURN AND EQUIP SOFTWARE

*Assets Retired JSA 8X9024 1.000

Farm 8868 (Rev. 4-2009)				Page 2
	itional (Not Automatic) 3-Month Exten	sion, complete only	Part II and check this box	. , ▶ X
	if you have already been granted an au			
	omatic 3-Month Extension, complete o			
Rational (No	t Automatic) 3-Month Extensior	n of Time. Only fil	e the original (no copies need	ed).
Type or Name of Exempt	Organization	海粉炒	Employer identification numb	er
print RAINFOREST	r Alliance, Inc.	M.	13-3377893	
File by the Number, street, a	ind room or sulte no. If a P.O. box, see instruct	ions.	For IRS use only	
extended due date for 665 BROADV	YAV	<u> </u>	A Section 1	
filing the City, town or post return. See	office, state, and ZIP code. For a foreign add	ress, see Instructions. 🗎		
instructions. NEW YORK,	NY 10012-2420			CONTROL OF THE CONTRO
Check type of return to be t	filed (Fi <u>le a</u> separate application for each	n return):		
X Form 990	Form 990-PF			rm 6069
Form 990-BL	Farm 990-T (sec. 401(a) o	r 408(a) trust)	Inventor Inventor	rm 8870
Form 990-EZ	Form 990-T (trust other that		Form 5227	
STOP! Do not complete Pa	rt II if you were not already granted a	in automatic 3-mont	h extension on a previously filed F	orm 8868.
	of RAINFOREST ALLIANCE,			
Telephone No. ▶ 212		FAX No. ►		. \Box
	ot have an office or place of business in			▶∐
 If this is for a Group Return 	n, enter the organization's four digit Gro	up Exemption Numbe	r (GEN), ir this is	
	his box	ie group, check this i	oox , , , ▶ and attach a	
	of all members the extension is for.			
	· · · · · · · · · · · · · · · · · · ·	15/2010		
	, or other tax year beginning 07/		and ending <u>06/30/2009</u> inal return Change in accour	ting period
	ss than 12 months, check reason:			Curred Brinn
	need the extension AWAITING AD	DITIONAL INFOR	MATION NEEDED 10	
PREPARE A COMPLE	TE AND ACCURATE RETURN.			
· · · · · · · · · · · · · · · · · · ·		**************************************		
8a If this application is fo	r Form 990-BL, 990-PF, 990-T, 4720,	or 6069, enter the	tentative tax less any	
nonrefundable credits.		or bood, billor the	8a \$	NONE
	Form 990-PF, 990-T, 4720, or 6069, or	enter anv refundable		
	nclude any prior year overpayment a			
previously with Form 8		,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8b \$	NONE
	line 8b from line 8a. Include your payr	nent with this form.	or, if required, deposit	
	required, by using EFTPS (Electronic Fed			NONE
		and Verification		
Under penalties of perjury, I declar	e that I have examined this form, including acc		statements, and to the best of my knowled	ige and belief,
it is true, correct, and complete, and t	hat I am authorized to prepare this form.			
1				1 - 1
Signature >		Title ▶ C^C	Date ► 2 /	9/10
WITHUMSMITH	HÁBROWN, P.C.		Form 8868	(Rev. 4-2009)
ONE SPRING	STREET			
NEW BRUNSWI	CK, NJ 08901			