Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

AFC	or the	2020 calendar year, or tax year beginn	iing	, ∠020, a	ana enaing				, 20				
B Che	ck if applic	C Name of organization RAINFOREST ALLIANCE, II	NC .			D	Employer ide	entifica	ation number	_			
	Address	Doing Business As	140.			\dashv	13-3377	1892					
	change	Number and street (or D.O. boy if mail is no	ot delivered to street address) R	loom/suite	H _E	Telephone n						
	Name ch	105 DDOND CEDERE OFFI		,			(212) 677-1900						
	Initial ret	City on town state or manifest soundary on				(212) 07	, T.	300				
	Terminat Amended	** ·	a Zii oi loroigii pootai oodo			ا ا	Gross receip	te ¢	53,602,	062			
	return Applicati		ALIK HINCKSON				a) Is this a grou			X No			
	pending	125 BROAD STREET, 9TH			004		subordinates	?	H ***	_			
	av avam					— H(t) Are all subord		(see instructions)	No			
		npt status: X 501(c)(3) 501(c) (► ► WWW.RAINFOREST-ALLIANCE.		4947(a)(1) or	527								
			ssociation Other		I Voor of f		1987 M		of legal domicile:	NY			
Pa		Summary	issociation Other		L real of i	omation.	1007 101	State	or legal domicile.				
Га		riefly describe the organization's mission or r	mant significant activities.	RA WORK	ער דע פא	F TNT	FRSECTI	ON C	OF BUSINES				
		AGRICULTURE & FORESTS TO IMP								:- -			
Governance	_	TRANSFORMING HOW LAND IS USE					CHOICES						
L L	_												
8		heck this box if the organization dis	•	•						19.			
		umber of voting members of the governing b						3		19.			
Activities &		umber of independent voting members of the						5		124.			
ĬΞ		otal number of individuals employed in calen						-		14.			
Cti		otal number of volunteers (estimate if necessa	**					6		14.			
1		otal unrelated business revenue from Part VIII						7a		0			
\rightarrow	bΝ	et unrelated business taxable income from Fo	orm 990-1, line 34					7b	0				
					-		rior Year	2	Current Ye				
ne		ontributions and grants (Part VIII, line 1h)		COPY	FOR		668,16		30,390				
Revenue		rogram service revenue (Part VIII, line 2g)		PUBLIC INS	- 1	20	,480,85	_	21,116				
		vestment income (Part VIII, column (A), lines	3, 4, and /d)				555,85	_	/16	,483			
		ther revenue (Part VIII, column (A), lines 5, 6				1.0	704 07	0.	F0 000	- 0			
_		otal revenue - add lines 8 through 11 (must e					704,87		52,223				
		rants and similar amounts paid (Part IX, colun					3,534,63	_	3,428	<u>, 698</u>			
		enefits paid to or for members (Part IX, colum					,609 , 77	0.	19,867	0			
es			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)										
Expenses	16a P	rofessional fundraising fees (Part IX, column (otal fundraising expenses (Part IX, column (D)	(A), line 11e)				378,14	6.	331	,083			
χ													
		ther expenses (Part IX, column (A), lines 11a-					3,162,37		11,460	<u> </u>			
	18 T	otal expenses. Add lines 13-17 (must equal P	Part IX, column (A), line 2	5)			, 684 , 92		35,088				
	19 R	evenue less expenses. Subtract line 18 from l	line 12			12	2,019,95	1.	17 , 135	<u>,004</u>			
s or							g of Current Y		End of Year				
alar	20 T	otal assets (Part X, line 16)					755,18	_	57,411				
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			L		3,317,40		12,704				
2년 :	22 N	et assets or fund balances. Subtract line 21 f	from line 20	<u></u>		26	, 437 , 78	0.	44,706	<u>,</u> 335			
Par	t II	Signature Block											
Unde	er penal	ties of perjury, I declare that I have examined this and complete. Declaration of preparer (other than o	return, including accompa	nying schedule	s and stateme	ents, and	to the best of	my kı	nowledge and be	lief, it is			
	0011001,	and complete. Booldington of property (exitor than e	omeen, to based on an intern	iditori di Willon	proparor rido	arry kirow	Ĭ						
Cian							11/1	9/20)21				
Sigr Here		Signature of officer					Date						
пет	•	ALIK HINCKSON		CFO									
		Type or print name and title											
D-:-		** ' '	Preparer's signature		Date		Check	if P	TIN				
Paid	F	RICHARD L RUVELSON RICHARD L RUVELSON 11/19/2021 self-employed P002340											
Preparent of the Prepar		Firm's name WITHUMSMITH+BROWN	Fir	,		2027092							
USE (Firm's address 4600 EAST WEST HWY 900 BE	ETHESDA, MD 20814-3423	3		Ph	one no.	301-	-272-6000				
May	he IRS	discuss this return with the preparer shown	above? (see instructions)		<u></u>	<u></u>	<u></u>		X Yes	No			
For F	aperw	ork Reduction Act Notice, see the separate	instructions.						Form 990	(2020)			

Form 990 (2020) Page **2**

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
4	services?
4a	(Code:) (Expenses \$17,511,025. including grants of \$3,116,069.] (Revenue \$992,925.] LANDSCAPES AND COMMUNITIES (SEE SCHEDULE O)
	(Code:) (Expenses \$7,782,962. including grants of \$312,629.) (Revenue \$20,138,350.) MARKETS TRANSFORMATION (SEE SCHEDULE 0)
4c	(Code:) (Expenses \$1,584,728. including grants of \$) (Revenue \$916) COMMUNICATIONS (SEE SCHEDULE O)
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 26.878.715.

JSA 0E1020 1.000 27637U M998

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27637U M998 V 20-7.6F 3018000

Form 990 (2020)
Part IV Page 3

			Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			T
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		\vdash
5		5		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		ŀ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		L
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		L
)	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			ſ
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Χ	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			Ī
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			İ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			T
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	t
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			t
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			t
2 a		122	Х	
L	Schedule D, Parts XI and XII	12a	- 21	t
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	426	Х	
•		12b		t
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	ł
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	ł
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l l	3.7	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	ļ
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	1
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	1
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	Χ	
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			I
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Ī
	If "Yes," complete Schedule G, Part III	19		
0 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		t
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		t
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			t
•	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				L

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
24 2	employees? If "Yes," complete Schedule J	23	X	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
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? <i>If "Yes,"</i>	<u> </u>		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
-	Check if Schedule O contains a response or note to any line in this Part V			
1 0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 0E1030		Form	990	(2020)
	27637U M998 V 20-7.6F 3018000			

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rai	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 124			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			ĺ
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ <u>ATTACHMENT 1</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		3.7
	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" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		^
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Х	
L	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
٨	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

RAINFOREST ALLIANCE, INC.

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 19 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 19 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Χ Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Χ 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?.......... 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? 15a Х Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.................. Section C. Disclosure ATTACHMENT 17 List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

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and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ALIK HINCKSON 125 BROAD STREET, 9TH FLOOR NEW YORK, NY 10004 212-677-1900

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

RAINFOREST ALLIANCE, INC.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)NIGEL SIZER	40.00									
CHIEF PROGRAM OFFICER	0.	1			X			338,474.	0.	46,860
(2) JOHANNES DE GROOT	40.00									,
CEO (THRU 10/1/2020)	0.						Х	0.	292,477.	19,723
(3) ALIK ODINGA HINCKSON	40.00									
CHIEF FINANCIAL OFFICER	1.00			Х				266,974.	0.	34,538
(4) SUSAN TRESSLER	40.00									
CHIEF EXT REL OFFICER	0.				Х			249,198.	0.	35,163
(5) ANNE MARTHA KRUMME	40.00									
DIRECTOR, IP	0.					X		187 , 153.	0.	37 , 199
(6) MOLLY STARK	40.00									
GEN CNSL & SECY (EFF 4/1/2020)	0.			Χ				212,531.	0.	10,221
(7) ALEX H. MORGAN	40.00									
CHIEF MARKETS OFFICER	0.				Х			181 , 575.	0.	20,461
(8) MICHAEL IRA BROWN	40.00									
DIRECTOR OF INST. RELATIONS	0.					X		157 , 286.	0.	20,297
(9) RIA STOUT	40.00									
CHIEF REGIONAL OFFICER	0.				Х			169,809.	0.	0
(10) BETHANY L KOCH	40.00									
SR. IMPL. MGR. (THRU 11/27/20)	0.					X		149,477.	0.	18,764
(11) MIGUEL ZAMORA	40.00									
DIRECTOR, MARKETS TRANSF-CORE	0.					X		139,672.	0.	18,369
(12) DAVID A HUGHELL	40.00									
GIS MANAGER (THRU 10/15/2020)	0.					Х		144,799.	0.	7,641
(13) LESLIE PARK	40.00									
GEN CNSL & SECY (THRU 3/31/20)	1.00			Χ				113,274.	0.	6,413
(14) DANIEL R. KATZ	1.00									
DIRECTOR, BOARD CHAIR	1.00	Х		Χ	<u>_</u>			0.	0.	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	∍d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimated nount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	om the anizatio d related anization	n d
15) ANTONIUS VAN DER LAAN	1.00											
DIRECTOR, VICE CHAIR	1.00	Х		Х				0	0.			(
16) PETER M. SCHULTE	1.00											
DIRECTOR, TREASURER	1.00	X		Х				0	0.			(
17) LABEEB M. ABBOUD	1.00											
DIRECTOR	1.00	X						0	0.			(
18) TASSO AZEVEDO	1.00	.,,							0			,
DIRECTOR	1.00	X						0	0.			-
19) VANUSIA M. CARNEIRO NOGUEIRA DIRECTOR	1.00	.,						0	0.			
	1.00	X						0	. 0.			
20) SONILA COOK DIRECTOR	1.00	X						0	0.			
21) DANIEL COUVREUR	1.00	Λ						0	. 0.			
DIRECTOR	1.00	X						0	0.			(
22) WENDY GORDON	1.00	71						0	. 0.			
DIRECTOR	1.00	X						0	0.			
23) MARILU HERNANDEZ DE BOSOMS	1.00											
DIRECTOR	1.00	X						0	0.			
24) NINA HAASE	1.00	1							, ,			
DIRECTOR	1.00	X						0	0.			
25) DAN HOUSER	1.00											
DIRECTOR	1.00	Х						0	0.			
1b Sub-total								2,310,222.	292,477.	4	275,6	549
c Total from continuation sheets to Part VII, S							•	0.	0.			0
d Total (add lines 1b and 1c)	-				: :		•	2,310,222.	292,477.	4	275,6	549
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organization	on >	2	7									
											Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheoo										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations gradients and related organizations.	reater than	\$15	50,0	00?	. It	"Yes	5,"	complete Schedu	le J for such	4	X	
individual										4	Λ	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,000 o	f		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VII Section A. Officers, Directors, T	rustees, Ke	y ⊑n	ipio			and r	ııgı			ees (c	ontinue		
(A) Name and title	Average hours per week (list any hours for	box,	not ch unles	s pe I a d	ition more	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from	am	(F) stimated nount of other pensat	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	om the anizatio d relate anizatio	on ed
26) PETER LEHNER	1.00												
DIRECTOR	1.00	Х						0	•	0.			
7) NALIN K. MIGLANI	1.00												
DIRECTOR	1.00	Х						0	•	0.			-
8) JUAN ESTEBAN ORDUZ TRUJILLO	1.00									_			
DIRECTOR	1.00	X						0	•	0.			-
9) DR. ANURAG PRIYADARSHI	1.00												
DIRECTOR	1.00	X						0		0.			
0) ERIC ROTHENBERG	1.00												
DIRECTOR	1.00	X						0		0.			
1) KERRI A. SMITH	1.00												
DIRECTOR	1.00	Х						0		0.			
2) ANNEMIEKE WIJN	1.00												
DIRECTOR	1.00	Х						0		0.			
 1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) 2 Total number of individuals (including but no reportable compensation from the organizati 	Section A	 	liste		 		> re	0 .	\$100,000 o	0 . of			0
reportable compensation from the organizati	OII F											Yes	No
O Did the consultation that one forms of			4					Lance of the Contract				163	NO
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche											3	Х	
For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,00	00?	. If	"Yes	3,"	complete Schedu	le J for s	uch	4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5		Х
Section B. Independent Contractors													
 Complete this table for your five highest co- compensation from the organization. Report year. 													
(A)								(B)			(C)		
(A) Name and business a	ddress							Description of se	ervices	C	ompens		

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

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

Part VIII Statement of Revenue

		Check if Schedule	O cc	ontains a	respor	se or note to ar	ny line in this Part V	/III		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns .			1a					
E a	b	Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events			1c	134,025.				
ffs F	d	Related organizations .			1d	15,000,000.				
ច្ច≣្ច	e	Government grants (co			1e	7,063,241.				
ns,	f	All other contributions,		•		, ,				
er Ser		and similar amounts not in	-	-	1f	8,193,538.				
털	g	Noncash contributions				0,130,000.				
달	9	lines 1a-1f			1g 5	53,549.				
g č	h	Total. Add lines 1a-1f					30,390,804.			
	- "	Total. Add lilles 1a-11	• • •	· · · · ·		Business Code	30,330,004.			
Ф		CONTRACT INCOME				541900	1 622 904	1 622 004		
Š	2a	-	IENIII E	DEVENUE /DC			1,632,894.	1,632,894.		
Ser	b	PARTICIPATION AGREEM		REVENUE/ RC	TALI IE		19,478,720.	19,478,720.		
E Z	С	OTHER PROGRAM INCOME	i			900099	4,781.	4,781.		
gra Re	d									
Program Service Revenue	е									
<u>п</u>	f	All other program servi								
	g	Total. Add lines 2a-2f .					21,116,395.			
	3	Investment income (interest, and				
		other similar amounts).				🏲 🛚	277,571.			277,571.
	4	Income from investme		•			0.			
	5	Royalties	• •				0.			
				(i) Re		(ii) Personal				
	6a	Gross rents	6a		0,697.					
	b	Less: rental expenses	6b	1,210	0,697.					
	С	Rental income or (loss)								
	d	Net rental income or (lo	ss).	1			0.			
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets								
		other than inventory	7a	53	3,549.	438,722.				
ne	b	Less: cost or other basis								
en.		and sales expenses	7b	53	3,360.					
Revenue	С	Gain or (loss)	7с		189.	438,722.				
	d	Net gain or (loss)			. <u></u>	▶	438,912.			438,912.
Other	8a	Gross income from	n f	undraising						
0		events (not including \$		134,025						
		of contributions rep	orted	on line						
		1c). See Part IV, line 18				114,323.				
	b	Less: direct expenses			. 8b	114,323.				
	С	Net income or (loss) fr				▶	0.			
	9a	Gross income f	rom	gaming						
		activities. See Part IV, li	ne 19		. 9a	0.				
	b	Less: direct expenses			. 9b	0.				
	С	Net income or (loss) fi				•	0.			
	10a	Gross sales of in	_	_						
		returns and allowances		•		0.				
	b	Less: cost of goods sold				0.				
		Net income or (loss) from			•		0.			
s		, ,				Business Code				
Miscellaneous Revenue	11a									
ane	b									
elk ye										
ဒ္ဓိန္ဓ	c d	All other revenue								
Σ	e	Total. Add lines 11a-1					0.			
	12	Total revenue. See ins					52,223,682.	21,116,395.		716,483.

Part IX Statement of Functional Expenses

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

Check if Schedule O	contains a respo	nse or note to any line	in this Part IX	<u> </u>	
Do not include amounts reported o 8b, 9b, and 10b of Part VIII.	n lines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domes	stic organizations				
and domestic governments. See Part IV	/, line 21 	705,756.	705,756.		
2 Grants and other assistance individuals. See Part IV, line 22.		0.			
3 Grants and other assistance	to foreign				
organizations, foreign govern	nments, and				
foreign individuals. See Part IV, Iir	nes 15 and 16	2,722,942.	2,722,942.		
4 Benefits paid to or for members .		0.			
5 Compensation of current office	ers, directors,				
trustees, and key employees		1,551,738.	695,061.	856,677.	
6 Compensation not included above	to disqualified				
persons (as defined under section	4958(f)(1)) and	_			
persons described in section 4958(c)(3		0.			
7 Other salaries and wages		13,749,677.	10,289,257.	1,943,085.	1,517,335.
8 Pension plan accruals and contrib	utions (include				
section 401(k) and 403(b) employe	er contributions)	399,931.	287,096.	73,177.	39,658.
9 Other employee benefits		2,947,729.	2,116,065.	539,358.	292,306.
10 Payroll taxes		1,218,914.	875,013.	223,030.	120,871.
11 Fees for services (nonemployees):					
a Management		0.		10.710	
b Legal		238,082.	209,703.	13,742.	14,637.
c Accounting		28,242.	24,557.	1,790.	1,895.
d Lobbying		37,341.	37,341.		221 222
e Professional fundraising services. See		331,083.			331,083.
f Investment management fees .		0.			
g Other. (If line 11g amount exceeds 10%		4 070 025	2 010 005	214 062	45 000
(A) amount, list line 11g expenses on Schedu		4,070,035.	3,810,085.	214,062.	45,888.
12 Advertising and promotion		264,030.	120,202.	896.	142,932.
13 Office expenses		1,580,745.	1,453,467.	91,234.	36,044.
14 Information technology		1,561,843.	359,604.	1,130,024.	52,215.
15 Royalties		1,318,209.	1,134,993.	89,460.	93,756.
16 Occupancy		780,556.	758,211.	8,106.	14,239.
17 Travel		700,330.	750,211.	0,100.	14,239.
18 Payments of travel or entertainn	•	0.			
for any federal, state, or local pu		45,597.	44,118.	1,333.	146.
19 Conferences, conventions, and me		0.	11,110.	1,333.	110.
20 Interest		0.			
21 Payments to affiliates		264,589.	194,428.	61,682.	8,479.
22 Depreciation, depletion, and amor		284,084.	246,046.	18,391.	19,647.
23 Insurance		201,0011	210,0101	10,031.	13,017.
24 Other expenses. Itemize expenses above (List miscellaneous expenses					
line 24e amount exceeds 10% of li					
(A) amount, list line 24e expenses of					
aWORKSHOPS	´	496,203.	443,174.	45,899.	7,130.
hMEMBERSHIP/DUES/SUBSC	RIPTION -	225,552.	157,956.	43,222.	24,374.
cBAD DEBT EXPENSE		60,072.	56,288.	3,784.	<u>, </u>
dOTHER EXPENSES		205,728.	137,352.	6,196.	62,180.
e All other expenses		, ,		•	• • •
25 Total functional expenses. Add lines	1 through 24e	35,088,678.	26,878,715.	5,385,148.	2,824,815.
26 Joint costs. Complete this line organization reported in column from a combined educational or properties.	e only if the (B) joint costs campaign and				•
fundraising solicitation. Check here following SOP 98-2 (ASC 958-720		0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,989,606.	1	10,906,045.
	2	Savings and temporary cash investments	26,971.	2	11,584.
	3	Pledges and grants receivable, net	4,984,363.	3	3,694,541.
	4	Accounts receivable, net	7,957,600.	4	7,269,532.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
S	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	861,776.	9	2,098,961.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,233,246.			
	h	Less: accumulated depreciation	641,352.	100	1,870,485.
	11	Investments - publicly traded securities	10,900,674.	11	31,207,295.
	12	Investments - other securities. See Part IV, line 11	29,224.	12	26,731.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	363,619.	15	325,851.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,755,185.	16	57,411,025.
	17	Accounts payable and accrued expenses	5,904,709.	17	6,062,966.
	18	Grants payable	462,704.	18	2,853,120.
	19	Deferred revenue	1,297,291.	19	1,510,126.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
ý	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ΙĘ		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	1,782,710.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	652 , 701.	25	495,768.
	26	Total liabilities. Add lines 17 through 25	8,317,405.	26	12,704,690.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	20,716,952.	27	40,782,497.
B	28	Net assets with donor restrictions	5,720,828.	28	3,923,838.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
18S	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	26,437,780.	32	44,706,335.
ž	33	Total liabilities and net assets/fund balances	34,755,185.	33	57,411,025.
_					Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2		35,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		17,1		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		26,4		
5	Net unrealized gains (losses) on investments	5			74,9	
6	Donated services and use of facilities	6			11,8	374.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			53,3	305.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		44,7	06,3	35.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplair	ı in			
	Schedule O.			_		3.7
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	Х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20	71	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	tne	3a	Х	
L	Single Audit Act and OMB Circular A-133?	orcs	the	Ja		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b	Χ	
	required addition additis, explain with on somedule O and describe any steps taken to undergo such at	นแร	<u> </u>	UU		

Form **990** (2020)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-3377893

RAI	NFOREST ALLIANCE, INC.					13-33778	93	
Pai	t I Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this p	art.) See instructions	S.	
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of chu	ırches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative		•	-				
4	A medical research organiz	•	•		. ,		(iii). Enter the	
	hospital's name, city, and st		,				(,: =	
5	An organization operated f		a college or universit	v owned	d or ope	erated by a governme	ntal unit described in	
•	section 170(b)(1)(A)(iv). (C		a comego or armorem	,	. с. срс			
6	A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)		
7	X An organization that norma	•			•	,,,,,,,	om the general nublic	
•	described in section 170(b)	•	•	pport iit	om a go	verninental unit of the	on the general public	
8	A community trust describe		-	Part II \				
9	An agricultural research org				nnerated	Lin conjunction with a	land-grant college	
3	or university or a non-land-	=			-	-		
	university:	grant conege or ag	grioditare (300 matraot	юпо). Е	iter the i	name, oity, and state of	Title college of	
10	An organization that normal	lly receives (1) mo	ore than 331/2 % of its	eunnart	from cor	ntributions membersh	in fees, and gross	
10	receipts from activities related	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its	
	support from gross investm	ient income and u	nrelated business tax	able inco	me (les:	s section 511 tax) from	businesses	
11	acquired by the organizatio An organization organized a			. , . , .		,		
12	An organization organized a	•	•	•			carry out the nurneses	
12	of one or more publicly su	•	•				• • • • •	
	Check the box in lines 12a t	-						
		=			-	•	=	
а	Type I. A supporting orga	•	•	-		• , ,		
	the supported organization				ajority of	the directors or truste	es of the	
b	supporting organization. Y Type II. A supporting organization.	-			with ite	supported organization	on(c) by boying	
b	control or management o							
	organization(s). You must			tile saili	e persor	is that control of man	age the supported	
•	Type III functionally integ	-		tod in o	annoctio	n with and functional	ly intograted with	
С	its supported organization						iy integrated with,	
d	Type III non-functionally		-				tod organization(s)	
u	that is not functionally inte			•		• •	• , ,	
	-	-	-	-		•	an allenliveness	
•	requirement (see instructi Check this box if the orga		-				I. Typo III	
е						* * * * * * * * * * * * * * * * * * * *	і, туре ііі	
f	functionally integrated, or Enter the number of supported			porting c	nganizai	IOH.		
	Provide the following information							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
	(7,	(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see	
			above (see instructions))	Yes	ment?	instructions)	instructions)	
(A)								
(D)								
(B)								
(C)								
(C)								
(D)								
(D)								
(E)								
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Tota	1							

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,137,168.	8,983,915.	16,134,969.	25,668,163.	30,390,804.	100,315,019.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	19,137,168.	8,983,915.	16,134,969.	25,668,163.	30,390,804.	100,315,019.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						25,799,509.
6	Public support. Subtract line 5 from line 4						74,515,510.
	tion B. Total Support	(-) 004C	(b) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019 25,668,163.	(e) 2020	(f) Total
7 8	Amounts from line 4	90,777.	47,483.	16,134,969. 127,348.	22,852.	30,390,804. 277,571.	100,315,019. 566,031.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						100,881,050.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	99,915,767.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						72.06
14	Public support percentage for 2020 (li		-		ı	14	73.86%
15	Public support percentage from 2019					15	87.08 %
16a	331/3% support test - 2020. If the org	=					
	box and stop here . The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets					-	•
	organization			•	•	•	
h	10%-facts-and-circumstances test - 2						
J	15 is 10% or more, and if the organizin Part VI how the organization meets	zation meets th	e facts-and-circu	umstances test,	check this box	and stop here	. Explain
	organization						
18	Private foundation. If the organization instructions						
_							00 or 000 E7\ 2020

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

					`		
	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
c	organization without charge						
6	Total. Add lines 1 through 5						
ιa	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support				I.		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						F244 X(2)
14	First 5 years. If the Form 990 is for	-			-		
<u> </u>	organization, check this box and stop here.			<u></u>	<u> </u>		▶ 🔼
	tion C. Computation of Public Supp		•	mn (f))		45	0/
15 16	Public support percentage for 2020 (line 8,		-			15	%
16 Sec	Public support percentage from 2019 Sche tion D. Computation of Investment			<u> </u>		16	%
				13 column (f))		17	%
17 18	Investment income percentage for 2020 (line Investment income percentage from 2019 S						<u>%</u>
18 10 a							
ısa	331/3% support tests - 2020. If the org	-					
h	17 is not more than 331/3%, check this 331/3% support tests - 2019. If the organization		_				
D	line 18 is not more than 331/3 %, check						. \square
20	Private foundation. If the organization d		•	•	. ,		
20	a. iounidudon. Il tile organization d	ing the chicon c	A DON OIL HILD I	i, iou, oi iou,	STOOK LING DUA	and Joe manue	/.IOI IO

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
C	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5		5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7		y integra	ated Type III supporting	g organization			
	(see instructions).			- -			

Schedule A (Form 990 or 990-EZ) 2020

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ti ons (continuea)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				

Schedule A (Form 990 or 990-EZ) 2020

Section D, line 7:

Part VI. See instructions.

Breakdown of line 7: Excess from 2016.... Excess from 2017.... Excess from 2018.... Excess from 2019.... Excess from 2020....

and 4c.

С

5

6

Applied to underdistributions of prior years Applied to 2020 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2020, if

Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.

Excess distributions carryover to 2021. Add lines 3j

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

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

RAINFOREST ALLIANCE, INC. 13-3377893 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ **501(c)(**3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization RAINFOREST ALLIANCE, INC.

Employer identification number 13-3377893

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a)	(b)	(c)	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$3,004,255.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$855,512.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$	Person X Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
		(c) Total contributions \$15,000,000.	noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization RAINFOREST ALLIANCE, INC.

Employer identification number 13-3377893

Ont II	Nanasah Dranartu	(acc instructions)	Llee duplicate co	nice of Dort II if additions	l angag is naadad
zart II	Noncash Property	(see instructions)	i. Use duplicate co	pies of Part II if additiona	i space is needed.

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization RAINFOREST ALLIANCE, INC. Employer identification number 13-3377893 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.						
	e of organization	·		Employer ide	ntification number			
RAI	NFOREST ALLIANCE, IN	NC.		13-337	7893			
		organization is exempt under	section 501(c) or i	s a section 527 organ	nization.			
1	•	organization's direct and indirect p						
	definition of "political campa		, ,	•				
2		xpenditures (See instructions)		▶ \$				
3		campaign activities (See instruction						
		organization is exempt under s						
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$				
2		cise tax incurred by organization m						
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No							
4a	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.							
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).			
1	Enter the amount directly e	xpended by the filing organization	for section 527 exe	empt function				
	activities			▶\$				
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section							
	527 exempt function activities							
3		enditures. Add lines 1 and 2. Ent						
	line 17b			▶\$				
4	Did the filing organization file	e Form 1120-POL for this year?	(EDD) 6 H (507	Yes No			
5		and employer identification numb s. For each organization listed, en						
		tributions received that were prom	•					
		nd or a political action committee (I						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(a) Hamo	(2) / (3)	(0) =	filing organization's	contributions received and			
				funds. If none, enter -0	promptly and directly			
					delivered to a separate			
					political organization. If none, enter -0			
(4)					,			
(1)								
(2)								
(2)								
(3)								
(3)								
(4)								
(-)								
(5)								
,								
(6)								

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

Schedule C (Form 990 or 990-EZ) 2020

Sche	edule C (Form 990 or 990-EZ) 2020	RAINFOREST ALI	LIANCE, INC.		13-3	377893 Page 2
Pa	rt II-A Complete if the org section 501(h)).	anization is exen	npt under sectior	n 501(c)(3) and fi	led Form 5768 (elec	tion under
Α			affiliated group (and excess lobbying expe		h affiliated group meml	ber's name,
В	Check ▶ if the filing organiz	ation checked box A	A and "limited contro	ol" provisions apply		
	Limits (The term "expendite	on Lobbying Expenders" means amour)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to in	nfluence public opini	ion (grassroots lobb	ying)	995.	
b	Total lobbying expenditures to in	nfluence a legislative	e body (direct lobbyi	ng)	36,346.	
			37,341.			
	Other exempt purpose expendit		35,051,337.			
	Total exempt purpose expenditu		35,088,678.			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.					1,000,000.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:						
			amount on line 1e.			
	Over \$500,000 but not over \$1,000					
	Over \$1,000,000 but not over \$1,50		us 10% of the excess			
	Over \$1,500,000 but not over \$17,0		us 5% of the excess of			
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount				250,000.	
	Subtract line 1g from line 1a. If				0.	0.
	Subtract line 1f from line 1c. If z				0.	0.
j	If there is an amount other th				on file Form 4720	
-	reporting section 4911 tax for the			_		Yes No
			aging Period Under			
	(Some organizations that	t made a section 50	1(h) election do no	t have to complet	e all of the five colum	ns below.
		See the separa	te instructions for I	ines 2a through 21	·.)	
		Lobbying Expe	nditures During 4-Ye	ear Averaging Perio	od	
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000	. 1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.

	Lobbying Expenditures During 4-1ear Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total					
2a	Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.					
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.					
С	Total lobbying expenditures				36,700.	36,700.					
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.					
f	Grassroots lobbying expenditures				641.	641.					
	•			•	0 1 1 1 0 /5	000 000 F3\ 0000					

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the Page 3

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	Yes N	lo	Amou	unt
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. c Media advertisements?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. c Media advertisements?				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
 Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 		+		
 f Grants to other organizations for lobbying purposes?				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	'	-		
i Other activities?		_		
j Total. Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501((c)(5) c	r secti		
501(c)(6).	(0)(0), 0	,, 300ti	011	
				Yes
Were substantially all (90% or more) dues received nondeductible by members?			1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
Did the organization agree to carry over lobbying and political campaign activity expenditures from				
answered "Yes." Dues, assessments and similar amounts from members		. 1	<u> </u>	
Section 162(e) nondeductible lobbying and political expenditures (do not include amou				
political expenses for which the section 527(f) tax was paid).				
a Current year		. 2a		
b Carryover from last year				
c Total		. 2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	· · · · ·	. ⊨ა_		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		. 3		
	of the			
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of the bbying	4		

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV **Supplemental Information** (continued)

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

RA:	INFOREST ALLIANCE, INC.	13-3377893
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	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	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax 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, inspecti	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financi	al statements that describes the
Do	organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Cimilar Accets
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Sillilai Assets.
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
D	art, historical treasures, or other similar assets held for public exhibition, education, or reservoide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenue included on 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 a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020 Page **2**

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histor	ical Tre	asures,	or Other	Similar Assets	s (continue	d)
3	Using the organization's acquisition	n, accession, and o	ther record	s, check	any of	the follow	ing that make s	significant u	se of its
	collection items (check all that app	y):							
а	Public exhibition		d	Loan	or exchan	ge progra	m		
b	Scholarly research		е	Other					
С	Preservation for future gener	rations							
4	Provide a description of the organ	nization's collections	and explai	n how t	hey furth	er the or	ganization's exe	mpt purpose	e in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rath		ined as par	t of the o	organizat	ion's collec	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	tion answered "Ye	s" on Form	า 990, F	Part IV, li	ne 9, or r	eported an am	ount on Fo	rm
	990, Part X, line 21.								
1 a	Is the organization an agent, trus								
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the folk	owing tab	ole:				
							Amo	unt	
C	Beginning balance				_	c			
d	Additions during the year					ld			
e	Distributions during the year					le			
f	Ending balance					lf			
2a	Did the organization include an am						-		No No
	If "Yes," explain the arrangement in	n Part XIII. Check ne	ere if the exp	planation	nas beer	n provided	on Paπ XIII		<u>·</u>
Pa	rt V Endowment Funds. Complete if the organiza	tion answered "Ve	s" on Form	000 =	Part IV/ li	no 10			
	Complete if the organiza	(a) Current year	(b) Prior			ears back	(d) Three years bad	ok (a) Four	years back
		1,038,135.	1,047			02,551.	1,098,63		49,731.
1 a	Beginning of year balance	1,030,133.	1,047	, 011.	Ι, Ι	72, 331.	1,090,03	/	49, 731.
b	Contributions								
С	Net investment earnings, gains,	102,838.	31	,761.	_	-9 , 850.	12,92	a	-5,065
	and losses	102,030.		, , , , , ,		7,000.	12,32	J.	
d	Grants or scholarships								
е	Other expenditures for facilities	30,416.	/11	,237.	,	45,090.	9,01	5	46,029
	and programs	30,410.	- 11	,237.		10,000.	J, 01	J.	40,023
f	Administrative expenses	1,110,557.	1 038	,135.	1 04	47,611.	1,102,55	1 1 0	98,637.
g	End of year balance	I						1. 1,0	30,037 .
2	Provide the estimated percentage Board designated or quasi-endown		end balance %	(line 1g,	column (a)) held as	:		
a b	Permanent endowment ▶ 90.0	1500 %	_ 70						
C	Term endowment ▶ 9.9500								
C	The percentages on lines 2a, 2b, a		00%						
3 2	Are there endowment funds not in			ion that	are held	and admir	nistered for the		
Ju	organization by:	ine possession or in	ic organizat	ion that	are neid	and admin	ilistered for the	Ī	es No
	(i) Unrelated organizations								X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the relate								_
4	Describe in Part XIII the intended u	•	•						
	rt VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	ation answered "Ye							
	Description of property	(a) Cost or (invest			or other basi ther)		cumulated eciation	(d) Book valu	ıe
1 a	Land	,	′						
b	Buildings								
c	Leasehold improvements			1,1	88,481	. 7	24,327.	46	4,244.
d	Equipment				14,758		67,532.		7,226.
е	Other				21,011		61,996.		9,015.
	II. Add lines 1a through 1e. <i>(Column</i>		1 990, Part >	(, columi	n (B), line	10c.)			0,485.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990). Part IV. line 11b. See Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	า:
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	"\/" F 000	N D-st N/ 15 44 - 0 5 000 5)t V - !: 40
	Complete if the organization answered			·
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990, F	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u> ▶	
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	990, Part X,
	line 25.	C 612 1 202	T	#ND '
1. (1) Fada		tion of liability		(b) Book value
	ral income taxes			40F 7C0
	RRED RENT LIABILITY			495,768.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ma (b) must acual Farrer 000 Bard V and (B) V and			495,768.
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements that	t reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. X

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Schedule D (Form 990) 2020

Page 4 Schedule D (Form 990) 2020

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	54,312,417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,084,754.
3	Subtract line 2e from line 1	3	52,227,663.
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	-	
b	Other (Describe III art XIII.)	1	-3,981.
C	Add lines 4a and 4b	4c 5	52,223,682.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	32,223,002.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		26 042 062
1	Total expenses and losses per audited financial statements	1	36,043,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	951 , 203.
е	Add lines 2a through 2d	2e 3	35,092,659.
3	Subtract line 2e from line 1	3	33,032,033.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
b	Other (Describe iii) art Aiii.)	4c	-3,981.
С 5	Add lines 4a and 4b	5	35,088,678.
_	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; IXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

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

FORM 990, SCHEDULE D, PART X, LINE 2

RA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND NO PROVISION FOR SUCH INCOME TAX HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANICAL STATEMENTS. RA HAS EVALUATED UNCERTAIN TAX POSITIONS WITH RESPECT TO ITS U.S.

OPERATIONS AND CONCLUDED THERE ARE NO SUCH POSITIONS AT DECEMBER 31, 2020 AND 2019. RA HAS OPERATIONS IN OTHER COUNTRIES AND IS SUBJECT TO THE LAWS AND REGULATIONS OF THOSE COUNTRIES. DURING THE YEAR ENDED DECEMBER 31, 2020, RA RECEIVED APPROXIMATELY \$51,000 IN REFUNDED FOREIGN INCOME TAXES. DURING THE YEAR ENDED DECEMBER 31, 2019, RA PAID APPROXIMATLEY \$36,000, RESPECTIVELY, IN FOREIGN INCOME TAXES IN ADDITION TO VAT TAXES TO FOREIGN JURISDICTIONS. RA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES DURING THE PERIODS PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

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

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

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

Part XIII Supplemental Information (continued)

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

\$(3,981) LOSS ON DISPOAL OF FIXED ASSETS REPORTED ON PART VIII, LINE 7A GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY

FORM 990, SCHEDULE D, PART XII, LINE 4B \$(3,981) LOSS ON DISPOAL OF FIXED ASSETS REPORTED ON PART VIII, LINE 7A GROSS AMOUNT FROM SALES OF ASSETS OTHER THAN INVENTORY

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 13-3377893

RAI	NFOREST ALLIANCE, INC.				13-337789	93
Par	General Information o Form 990, Part IV, line 14th		Outside the	United States. Compl	ete if the organization a	nswered "Yes" or
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or		ction criteria used to	X Yes No
2	For grantmakers. Describe in Foutside the United States.				-	d other assistance
3	Activities per Region. (The follow (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	6.	92.	PROGRAM SERVICES	SEE PART V	4,397,974.
(2)	SUB-SAHARAN AFRICA	5.	36.	PROGRAM SERVICES	SEE PART V	2,224,761.
(3)	SOUTH AMERICA	2.	12.	PROGRAM SERVICES	SEE PART V	1,272,488.
(4)	EAST ASIA AND THE PACIFIC	2.	22.	PROGRAM SERVICES	SEE PART V	973,475.
(5)	EUROPE	1.	20.	PROGRAM SERVICES	SEE PART V	1,451,561.
(6)	NORTH AMERICA	1.	33.	PROGRAM SERVICES	SEE PART V	1,934,478.
(7)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	SEE PART V	230,667.
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal	17.	215.			12,485,404.
С	Totals (add lines 3a and 3b)	17.	215.			12,485,404.

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

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Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Part II

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

r arriv, ille 19, 101 ally leciple it wild received fillole tilait \$2,000. Fait it can be duplicated it additional space is freeded.	colpicit will look	ved indic trial \$0,000. I	מונוו טמוו מכי ע	מאווים וו משמוני	niai space is	locaca.		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SOUTH AMERICA	CONSERVATION	527,797.	LJE			
(2)		CENT. AMERICA/CARIBBEAN	CONSERVATION	72,565.	THE			
(SUSTAINABLE					
(3)		EUROPE/ICELAND/GREENLAND	AGRICULTURE	109,140.	EFT			
(4)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	76,754.	FFT			
(5)		SUB-SAHARAN AFRICA	CONSERVATION	15,664.	THE			
			SUSTAINABLE					
(9)		SOUTH AMERICA	AGRICULTURE	26,847.	EFT			
(7)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	8,160.	H H			
			SUSTAINABLE					
(8)		SUB-SAHARAN AFRICA	AGRICULTURE	166,869.	EFT			
			SUSTAINABLE					
(6)		SOUTH AMERICA	AGRICULTURE	92,827.	EFT			
(40)		ATRA HELLOR	SUSTAINABLE	44.510.	F			
(11)		SUB-SAHARAN AFRICA	CONSERVATION	16,000.	EFT			
			SUSTAINABLE					
(12)		SUB-SAHARAN AFRICA	AGRICULTURE	306,129.	EFT			
			SUSTAINABLE					
(13)		SOUTH ASIA	AGRICULTURE	15,197.	EFT			
			SUSTAINABLE					
(14)		NORTH AMERICA	AGRICULTURE	133,277.	EFT			
			SUSTAINABLE					
(15)		SOUTH AMERICA	AGRICULTURE	259,378.	EFT			
(16)		NORTH AMERICA	CONSERVATION	125,456.	THE			

as a tax	•
ons listed above that are recognized as charities by the foreign country, recognized as a tax	lency letter
country,	counsel has provided a section 501(c)(3) equivalency
foreign	501(c)(
s by the	Section
cognized as charities by the fo	rovided
ınized as	d sed les
re recog	or collin
e that a	grantee
ed abov	rhich the
tions list	or for w
nt organization	by the IRS or for which the grantee or counsel
ecipient	ization by
nber of r	(3) organ
total num	1501(c)/
Enter	exemp
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Schedule F (Form 990) 2020

JSA

Schedule F (Form 990) 2020

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

Fart IV, line 15, for any recipient who received mor	ecipient wno recei		art II can be d	e man \$5,000. Part II can be duplicated il additional space is needed.	nai space is	needed.		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance ap	(i) Method of valuation (book, FMV, appraisal, other)
į			SUSTAINABLE					
(1)		EUROPE/ICELAND/GREENLAND	AGRICULTURE	23,514.	EFT			
(2)		CENT. AMERICA/CARIBBEAN	CONSERVATION	47,435.	EFT			
(3)		CENT. AMERICA/CARIBBEAN	CONSERVATION	10,435.	EFT			
(4)		CENT. AMERICA/CARIBBEAN	CONSERVATION	5,058.	正五五			
(5)		CENT. AMERICA/CARIBBEAN	CONSERVATION	6,500.	正正正			
(9)		SOUTH AMERICA	CONSERVATION	5,051.	正五五			
(2)		SOUTH ASIA	CONSERVATION	8,862.	正正正			
(8)		SUB-SAHARAN AFRICA	CONSERVATION	67,934.	正五五			
(6)		SOUTH ASIA	COVID-19 RELIEF	30,000.	THE			
(10)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	7,791.	T. 4. 3.			
(11)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	23,167.	THE			
(12)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	18,000.	正五五			
(13)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	9,000.	正正正			
(14)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	6,000.	EFT			
(15)		SUB-SAHARAN AFRICA	COVID-19 RELIEF	23,484.	THE			
(16)		CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	11,589.	EFT			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

Enter total number of other organizations or entities. က Schedule F (Form 990) 2020

JSA

RAINFOREST ALLIANCE, INC.

13-3377893

Schedule F (Form 990) 2020

Part II

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

artiv, illic 19, 101 ariy recipient wild received illor					20000			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENT. AMERICA/CARIBBEAN	SUSTAINABLE	10,218.	EFT			
			SUSTAINABLE					
(2)		CENT. AMERICA/CARIBBEAN	AGRICULTURE	6,500.	EFT			
			SUSTAINABLE					
(3)		EUROPE/ICELAND/GREENLAND	AGRICULTURE	59,568.	EFT			
			SUSTAINABLE					
(4)		SOUTH ASIA	AGRICULTURE	15,178.	EFT			
			SUSTAINABLE					
(5)		SOUTH ASIA	AGRICULTURE	86,361.	EFT			
			SUSTAINABLE					
(9)		SOUTH ASIA	AGRICULTURE	43,091.	EFT			
			SUSTAINABLE					
(7)		SUB-SAHARAN AFRICA	AGRICULTURE	9,841.	EFT			
			SUSTAINABLE					
(8)		SUB-SAHARAN AFRICA	AGRICULTURE	20,050.	EFT			
			SUSTAINABLE					
(6)		SUB-SAHARAN AFRICA	AGRICULTURE	20,001.	EFT			
(10)								
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ons listed above that are recognized as charities by the foreign country, recognized as a tax	- .	- .
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Schedule F (Form 990) 2020

29.

13-3377893

Schedule F (Form 990) 2020

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

	illollal space is liceded.						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) KLEINHANS FELLOWSHIP	NORTH AMERICA		11,190.	T.a.i.			
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
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(18)							
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Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page 4

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

Schedule F (Form 990) 2020

27637U M998 V 20-7.6F 3018000 Schedule F (Form 990) 2020 Page 5

Supplemental Information Part V

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

SCHEDULE F, PART I, LINE 2

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

Schedule F (Form 990) 2020 Page **5**

Part V

Supplemental Information

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

PERSONNEL, AND PROVIDES COMPLIANCE AND OTHER TRAINING TO ACTUAL

SUBGRANTEES. THEY UNDERTAKE REGULAR COMPLIANCE REVIEWS AND REPORT

FINDINGS TO PROGRAM AND RA MANAGEMENT.

SCHEDULE F, PART I, LINE 3(E)

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

"COMMUNICATIONS", AND "MARKETS TRANSFORMATION" PROGRAM ACTIVITIES WERE

ACTIVE IN:

CENTRAL AMERICA/CARIBBEAN

EAST ASIA AND THE PACIFIC

EUROPE

NORTH AMERICA

SOUTH AMERICA

SUB-SAHARAN AFRICA

SOUTH ASIA

SCHEDULE F, PART III, LINE 1

IN 2020, THE KLEINHANS FELLOWSHIP WAS AWARDED TO AN INDIVIDUAL WHOSE

WORKED WILL STUDY THE GOVERNANCE OF RURAL FORESTS IN VERACRUZ, A HIGHLY

DEFORESTED STATE IN MEXICO.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

RAINFOREST ALLIANCE, INC.

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

Inspection

Employer identification number

13-3377893

Part					Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ filers are not re						
1	Indicate whether the organization rai	=	_	_			
a	X Mail solicitations	е			non-government g		
b	X Internet and email solicitations	f			government grant	S	
С	X Phone solicitations	g	X Spec	cial fundra	ising events		
d	X In-person solicitations						
2 a	Did the organization have a written of						y]
	or key employees listed in Form 990						X Yes No
D	If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the		(tundraise	rs) pursua	int to agreements	under which the	tundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		draiser have or control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or entity (idilulaiser)		contrib	outions?	noin activity	col. (i)	organization
			Yes	No			
1							
	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		I	<u> </u>	-		326,083.	
3	List all states in which the organiza	ition is registered o	r licensed	to solicit	contributions or		it is exempt from
	registration or licensing.	5					,

Page 2

Schedule G (Form 990 or 990-EZ) 2020

		(a) Event #1 VIRTUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
عمدالا	1 Gross receipts	248,348.			248,348
	2 Less: Contributions	134,025.			134,025
`	3 Gross income (line 1 minus line 2)	114,323.			114,323
4	4 Cash prizes				
	5 Noncash prizes				
60616	6 Rent/facility costs				
	7 Food and beverages				
2 8	8 Entertainment	55,941.			55,941
9	9 Other direct expenses	58,382.			58,382
10	Direct expense summary. Add linNet income summary. Subtract li	es 4 through 9 in colur ne 10 from line 3, colu	mn (d)		114,323
11	 Net income summary. Subtract li 	ne 10 from line 3, colu anization answered "\	mn (d)	<u></u>	
1′ Part	1 Net income summary. Subtract li Gaming. Complete if the org	ne 10 from line 3, colu anization answered "\	mn (d)	<u></u>	
1'Part	1 Net income summary. Subtract li Gaming. Complete if the org	ne 10 from line 3, colu anization answered "Y le 6a. (a) Bingo	mn (d)	Part IV, line 19, or	reported more than
1'Part	1 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "\ e 6a. (a) Bingo	mn (d)	Part IV, line 19, or	reported more than
1'Part	1 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d)	Part IV, line 19, or	reported more than
1 Part	1 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue	ne 10 from line 3, colu anization answered "Y le 6a. (a) Bingo	mn (d)	Part IV, line 19, or	reported more than
1 2 art	1 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue	ne 10 from line 3, colu anization answered "Y e 6a. (a) Bingo	mn (d)	Part IV, line 19, or	reported more than (d) Total gaming (add col. (a) through col. (c))
1 Part	1 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	ne 10 from line 3, colu anization answered "Ye 6a. (a) Bingo	mn (d)	Part IV, line 19, or	reported more than (d) Total gaming (add col. (a) through col. (c))
11 art	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling \$15,000 on Form 9	ne 10 from line 3, coluanization answered "Yee % No	mn (d)	Part IV, line 19, or (c) Other gaming	reported more than (d) Total gaming (add col. (a) through col. (c))
1 art	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling 1 Gross revenue	ne 10 from line 3, columnization answered "Yes % No % es 2 through 5 in columnization answered "Yes % and with the second state of the second state	mn (d)	Part IV, line 19, or (c) Other gaming Yes% No	reported more than (d) Total gaming (add col. (a) through col. (c))
1 art	Gaming. Complete if the org \$15,000 on Form 990-EZ, line 1 Gross revenue	ne 10 from line 3, columnization answered "Yes % No % No which is a strongly an ization conducts gain duct gaming activities and and and and and and	mn (d)	Part IV, line 19, or (c) Other gaming Yes% No	reported more than (d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ►
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

OF ACTIVITY CUSTODY OR CONTROL ACTIVITY CUSTODY OR CONTROL YES NO TES NO CONSULTING X LLC CONSULTING X #300 CONSULTING X TS TS TS TS TS TS TS TS TS T	
A KORITZKE-NAVARRE ONSULTING AND MASS 461 O SYBRANT LLC CONSULTING NEEDHAM STREET #30 ING TIDE DIRECT, LLC CONSULTING X NEEDHAM STREET #300 TON O2464 ADDEN PRODUCTIONS CONSULTING X CONSULTING X YORK 10016	臼
HALFORD AVENUE ONTO ARIO MAS 4G1 O SYBRANT LLC CONSULTING X HOYT STREET #3 OKLIN 11217-2913 ING TIDE DIRECT, LLC CONSULTING X NEEDHAM STREET #300 TON	6000
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CONSULTING X 255 EASTERN PARKWAY APT 6F BROOKLYN NY 11238	40,000.

KRISTEN VISSERS			
	CONSULTING	\times	6,000.
368 RIVER WAY Saliem			
NY 12865			
MAKE THINGS AWESOME LLC	OMTERITOROG	>	л 120
241 JUDSON AVENUE SAN FRANCISCO CA 94112		< <	. 141.
SMARTER GOOD INC	E		C C
402 MARINA WAY RICHMOND CA 94801-3207	CONSOLITING	≺	8, Z5U.
THE PURSUANT GROUP INC			(
15660 N DALLAS PARKWAY #1000 DALLAS TX 75248	CONSOLTING	×	ZI, 500.
PISCEAN DREAMWORKS LLC	CIVIT E TITOTACO	>	C C C
474 HALSEY STREET #4 BROOKLYN NY 11233	CONSCIENCE	≺	

SCHEDULE (Form 990)

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

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

► Attach to Form 990.

information.
latest
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Form990
irs.gov/
¥.

OMB No. 1545-0047 202	
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Open to Public Employer identification number

> ■ Go to w Department of the Treasury Internal Revenue Service Name of the organization

RAI	RAINFOREST ALLIANCE, INC.	13-3377893	
Par	Part I General Information on Grants and Assistance		
~	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and	L
	the selection criteria used to award the grants or assistance?	Yes ⊠ Yes	
7	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		

2

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MERIDIAN INSTITUTE							SUSTAINABLE
105 VILLAGE PLACE DILLON, CO 80435	84-1435420	501(C)(3)	270,674.				AGRICULTURE
(2) CONSERVATION INT FOUNDATION							
2011 CRYSTAL DRIVE ARLINGTON, VA 22202	52-1497470	501(C)(3)	34,123.				CONSERVATION
(3) VERITE INC							SUSTAINABLE
44 BELCHERTOWN ROAD AMHERST, MA 01002	04-3304538	501(C)(3)	10,000.				AGRICULTURE
(4) VERRA							
1 THOMAS CIRCLE NW WASHINGTON, DC 20005	27-0566795	501(C)(3)	121,654.				LANDSCAPE
(5) NORWAY'S INTERNATIONAL CLIMATE & FOREST INI							SUSTAINABLE
BYGDOY ALLE 2 OSLO NO 0257		501(C)(3)	9,300.				AGRICULTURE
(6) ECOAGRICULTURE INTERNATIONAL							
3057 NUTLEY ST #193 FAIRFAX, VA 22031	20-2349382	501(C)(3)	230,000.				M&E
(7) FOREST TRENDS							SUSTAINABLE
1203 19TH STREET NW WASHINGTON, DC 20036	52-2135531	501(C)(3)	30,004.				AGRICULTURE
(8)							
(6)							
(10)							
(11)							
(07)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government o	rganizations lis	ted in the line 1 tak	le			7.
3 Enter total number of other organizations listed in the line 1 table.	ted in the line	1 table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 99	06				S	Schedule 1 (Form 990) 2020

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Schedule I (Form 990) (2020)

13-3377893

Page 2

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

	(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
-						
8						
ო						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RAINFOREST ALLIANCE, INC.

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

Employer identification number 13-3377893

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

13-3377893

Page 2

Schedule J (Form 990) 2020

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

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

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

Denefits (B)(0,CD) as deferred on price form 900 as deferred on 900 as deferred on price form 900 as deferred on 900 as deferred on price form 900 as deferr			(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Colon Name	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NEGRE SIZER 11,101. 129,256 0 163,221 19,101 19,102 196,102 196,102 11,101 196,102	JOHANNES DE GROOT	ε	0	0	0	0	0	0	0
Marche Street March Street Mar	(THRU 10/1/2020)	€			63,22	9,72	0	I .	0.
ALIE DELIGAGE WITCHEST (4) 0 266,510 0 0 0 464 13,582 21,537 302,093	NIGEL SIZER	ε	8	0	648.	1,10	6,20	85,78	0
ALIKE CONTINGA HILDCKSON (0) 266,510. (0) 644 13,582. 21,537 302,093. SHER FINANCE OFFICER (0) 247,165. (0) 2,033. (0) 2	2CHIEF PROGRAM OFFICER	€	0	0	0	0	0	0	0
STATE Continue C	ALIK ODINGA HINCKSON	ε	266,510.	0	464.	3,58	1,53	02,09	0
STATE Color Colo	3CHIEF FINANCIAL OFFICER	€	0	0	0	0	0	0	0
Marke Day Relation Market Day	SUSAN TRESSLER	ε	47,1	0	03	10	6,05	84,36	0
ANNE MARTHA KRUMME	4 CHIEF EXT REL OFFICER	€	0	0	0	0	0	0	0
MOLLY STRANGE, 1P MORCARL, MORCAN, (0) 176,240. 5,164. 1711. 9,126. 11,535. 202,036. 10 MICHAEL TAR BROWN (0) 157,133. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	HA	ε	180,866.	5,70	$ \infty $, 20	5,99	24,35	0
Marchelle Irange Marchelle I	5DIRECTOR, IP	€	0	0	0	0	0	0	0
MICHAEL IRA BROWN	MOLLY STARK	ε	189,300.	2,88	4	92	9	23,10	0
ALEX H. MORGAN 00 176,240 5,164 171 9,126 11,335 202,036 HIER MARCAN 01 157,133 0 0 0 0 0 HIER MARCAN 01 157,133 0 0 0 0 0 0 HIER MARCAN 01 169,809 0 0 0 0 0 0 0 0 HIER MARCAN CRITCAR 01 169,809 0 0 0 0 0 0 0 0 0	6 GEN CNSL & SECY (EFF 4/1/2020)	(E)	0	0	0	0	0	0	0
HATCHARL INA BROWNY (d) 157,133. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	ALEX H. MORGAN	Ξ	176,240.	5,16	[, 12	1,33	02,03	0
MICHAEL IRA BROWN (0) 157,133. 0. 153. 7,987. 12,818. 178,091. MICHAEL IRA BROWN (0) 169,809. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	7CHIEF MARKETS OFFICER	(E)	0	0	0	0	0	0	0
Marketors of Insectors (i)	MICHAEL IRA BROWN	Ξ	157,133.		N	96	2,81	78,09	0
RIA STOUT 00 169,809 0 0 0 0 0 0 0 0 0	8DIRECTOR OF INST. RELATIONS	€	0	0	0	.0	0	0	0
HILE PEGIONAL OFFICER (M) 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	RIA STOUT	Ξ			0	.0	0	08,69	0
BETHANY L KOCH (1) (1) 82,315. 0. 67,162. 0. 20,119. 169,596. BETHANY L KOCH (1) (2) 82,315. 0. 0. 67,162. 0. 0. 20,119. 169,596. BETHANY L KOCH (1) 82,315. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	9CHIEF REGIONAL OFFICER	(ii)	0	0	0	0	0	0.	0.
HENTEL MARKET TRANSTACON (II) 11/27/20 (II) 11/37/20 (II) 11/37/20 (III) 11/37/20	BETHANY L KOCH	Ξ	82,315.	0	7,1	.0	0,11	69,59	0
MIGUEL ZAMORA (I) 139,563. 0 0 109 7,034 11,335 158,041. DAVID A HUGHELL (II) 82,936. 0 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (II) 82,936. 0 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (II) 82,936. 0 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (II) 82,936. 0 61,863. 6,000. 1,641. 152,440. (III) 82,936. 0 61,863. 6,000. 1,641.	10 SR. IMPL. MGR. (THRU 11/27/20)	(E)	0	0	0	0	0	0	0
DAVID A HUGHELL (ii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863. 6,000. 1,641. 152,440. DAVID A HUGHELL (iii) 82,936. 0. 61,863	MIGUEL ZAMORA	Ξ	139,563.		0	, 03	1,33	58,04	0
DAVID A HUGHELL (1) (1) 82,936 (2) (2) (61,863 (6,000) 1,641 (152,440) (152,	11 DIRECTOR, MARKETS TRANSF-CORE	€	0		0	.0	0	0	0
Color Colo	DAVID A HUGHELL	Ξ	82,936.		1,86	00	9	52,44	0
	12 GIS MANAGER (THRU 10/15/2020)	(ii)	0	0	0	0	0	0.	0.
		Ξ							
	13	(E)							
		Ξ							
	14	(ii)							
		Ξ							
	15	€							
		Ξ							
	16	(ii)							

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Schedule J (Form 990) 2020

Page 3

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE

BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE THE ORGANIZATION'S COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES

COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR

TOTAL COMPENSATION THE ОF REVIEW Ø CEO AND CFO. MANAGEMENT, INCLUDING THE

BASIS AND ENSURES THAT LEAST AN ANNUAL ON AT FOR EACH INDIVIDUAL IS MADE

THE TOTAL COMPENSATION OF SENIOR MANAGEMENT OF THE ORGANIZATION IS

REASONABLE. THE ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ENABLE TH

ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR

PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL

CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING ОFJ COMPENSATION

THE THREE FACTORS WHICH MUST THE CEO AND CFO. OL BUT NOT LIMITED

SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF

COMPENSATION ARRANGEMENT FOLLOWING: 1. THE $_{
m THE}$ REASONABLENESS ARE

TAX-EXEMPT THE APPLICABLE OF "AUTHORIZED BODY" AN ΒY APPROVED IN ADVANCE

HAVE DO NOT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO

ς, COMPENSATION ARRANGEMENT; THE OL "CONFLICT OF INTEREST" WITH RESPECT

AUTHORIZED $_{
m THE}$ т М AND TO MAKING ITS DETERMINATION; COMPARABILITY" PRIOR

THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA

AS

AS.

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page 3

Part III Supplemental Information

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

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

Schedule J (Form 990) 2020

Page 3

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4A

FORMER CHIEF EXECUTIVE OFFICER JOHANNES DE GROOT RECEIVED A SEVERANCE

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

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

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

V 20-7.6F

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection Employer identification number

Department of the Treasury Internal Revenue Service

RAINFOREST ALLIANCE, INC.

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization

13-3377893

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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		11.	53,549.	SELLING F	RICE	3	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F				29			
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	ell noncash			
	contributions?	-	_			32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.		•••••					

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2**

Part II Supplement

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

JSA Schedule M (Form 990) (2020)

0E1508 1.000

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

13-3377893

Department of the Treasury Internal Revenue Service

RAINFOREST ALLIANCE, INC.

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

Name of the organization Employer identification number

FORM 990, PART III, LINE 1 THE ORGANIZATION HAD SIGNATURE AUTHORITY OVER BANK ACCOUNTS IN THE FOLLOWING COUNTRIES: CANADA, CAMEROON, COSTA RICA, GHANA, GUATEMALA, HONDURAS, INDONESIA, KENYA, MEXICO, PERU, UNITED KINGDOM. WHERE PEOPLE CAN THRIVE AND PROSPER IN HARMONY WITH THE LAND. THE CORE OF OUR APPROACH LIES IN LEVERAGING MARKET DEMAND FOR SUSTAINABLE PRODUCTS TO CONSERVE BIODIVERSITY AND ENHANCE LOCAL LIVELIHOODS. FROM LARGE MULTINATIONAL CORPORATIONS TO SMALL, COMMUNITY-BASED COOPERATIVES, WE INVOLVE PRODUCERS, BUSINESSES AND CONSUMERS ALL ALONG THE VALUE CHAIN IN EFFORTS TO BRING RESPONSIBLY PRODUCED GOODS AND SERVICES TO A GLOBAL MARKETPLACE IN WHICH THE DEMAND FOR SUSTAINABILITY IS GROWING STEADILY. SINCE OUR FIRST EFFORTS IN CENTRAL AMERICA OVER 30 YEARS AGO, THE RAINFOREST ALLIANCE HAS GROWN INTO A GLOBAL INNOVATOR OF MARKET-BASED SOLUTIONS FOR CONSERVATION AND ECONOMIC DEVELOPMENT, AND WE ARE CURRENTLY WORKING IN MORE THAN APPROXIMATELY 80 COUNTRIES. THE RAINFOREST ALLIANCE IS ACTIVE IN MULTIPLE SECTORS - INCLUDING FORESTRY, AGRICULTURE, TOURISM AND CARBON/CLIMATE - PROVIDING TECHNICAL ASSISTANCE AND CERTIFICATION SERVICES TO PRODUCERS, WHILE WORKING WITH BOTH LOCAL ENTERPRISES AND

RAINFOREST ALLIANCE HOLDING, INC. WAS FORMED ON JANUARY 1, 2018 TO SERVE

AS THE COMMON NON-PROFIT PARENT CORPORATION PROVIDING CENTRALIZED

GOVERNANCE AND OVERSIGHT OVER 2 WHOLLY-OWNED NON-PROFIT ENTITIES: 1)

DOMESTIC AND INTERNATIONAL BUYERS TO INCREASE THE COMPETITIVENESS OF

SUSTAINABLE BUSINESS.

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

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

FORM 990, PART III, LINE 4A LANDSCAPES AND COMMUNITIES

THE RAINFOREST ALLIANCE DEVELOPS AND IMPLEMENTS LONG-TERM CLIMATE

CONSERVATION AND COMMUNITY DEVELOPMENT PROGRAMS IN A NUMBER OF CRITICALLY

IMPORTANT TROPICAL LANDSCAPES WHERE COMMODITY PRODUCTION THREATENS

ECOSYSTEM HEALTH AND THE WELL-BEING OF RURAL COMMUNITIES. WE CO-DESIGN

THESE INITIATIVES WITH OUR FRONTLINE COMMUNITY PARTNERS AND FOCUS ON

IMPROVING RURAL LIVELIHOODS THROUGH SUSTAINABLE LOCAL ECONOMIES.

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

ELEMENTS OF OUR LANDSCAPE PROGRAMS INCLUDE:

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- TRAINING IN LAND MANAGEMENT BEST PRACTICES, INCLUDING CLIMATE-SMART
 AGRICULTURE AND SUSTAINABLE FORESTRY
- PROVIDING TRAINING OPPORTUNITIES TO RURAL PRODUCERS SO THEY CAN DIVERSIFY THEIR INCOME STREAMS OR ADD VALUE TO THEIR PRODUCTS
- OPENING ACCESS TO SUSTAINABLE FINANCING THROUGH PARTNERSHIPS WITH

 LENDING INSTITUTIONS AND HELPING RURAL PRODUCERS IMPROVE THEIR FINANCIAL

 MANAGEMENT SKILLS
- FACILITATING PUBLIC-PRIVATE PARTNERSHIPS THAT STIMULATE RELIABLE,
 LONG-TERM MARKET DEMAND FOR MORE SUSTAINABLY PRODUCED GOODS
- CONNECTING FARMERS AND FOREST COMMUNITIES TO NEW MARKETS TO EXPAND SELLING OPPORTUNITIES
- AMPLIFYING THE VOICES OF RURAL PRODUCERS BY STRENGTHENING LOCAL AND REGIONAL REPRESENTATION GROUPS.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2020 INCLUDED:

- IN 2020, RA CONTINUED TO WORK WITH A DIVERSE DONOR BASE TO FURTHER

EVOLVE INTEGRATED LANDSCAPE CONSERVATION AND VALUE CHAIN DEVELOPMENT IN

THE AGRICULTURE AND FORESTRY SECTORS IN STRATEGIC WORKING LANDSCAPES.

SOME OF THE LARGEST DONORS WERE THE WALMART FOUNDATION, IKEA FOUNDATION,

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BHP BILLITON FOUNDATION, USAID, NORWAY'S INTERNATIONAL CLIMATE AND FOREST INITIATIVE, GLOBAL ENVIRONMENTAL FACILITY, NESCAFE AND GREEN CLIMATE FUND.

- IN LATIN AMERICA, NINE FOREST COMMUNITIES IN GUATEMALA'S MAYA BIOSPHERE RESERVE MAINTAINED A NEAR-ZERO DEFORESTATION RATE IN THE VAST "WORKING FOREST" CONCESSIONS THEY HAVE MANAGED FOR ALMOST 20 YEARS SPANNING 353,000 HA. THAT RATE WAS 20 TIMES LESS THAN IN OTHER PARTS OF THE RESERVE. DESPITE THE CHALLENGES PRESENTED BY THE COVID-19 PANDEMIC, OUR PARTNER COMMUNITIES WERE GRANTED GOVERNMENT PERMISSION TO EXPAND PRODUCTION OF NON-TIMBER FOREST PRODUCTS ACROSS AN AREA COVERING 64,000 HECTARES-ALLOWING COMMUNITIES TO HARVEST MORE XATE LEAF IN 2020.

 ADDITIONAL 2020 IMPACTS INCLUDED 1,200 NEW JOBS CREATED BY COMMUNITY OWNED FORESTRY ENTERPRISES, COMBINED REVENUES OF THE 111 COMMUNITY-OWNED FOREST ENTERPRISES IN THE CONCESSIONS TOTALING APPROXIMATELY 7M USD AND 200 HECTARES OF DEGRADED LANDS HAVE COME UNDER PRODUCTIVE LANDSCAPE RESTORATION.
- RA CONTINUED TO LEAD THE ACCOUNTABILITY FRAMEWORK INITIATIVE (AFI),
 WHICH WORKS TO ACCELERATE PROGRESS AND IMPROVE ACCOUNTABILITY FOR SUPPLY
 CHAINS THAT ARE DEFORESTATION-FREE AND FULLY RESPECT HUMAN RIGHTS. THE
 ACCOUNTABILITY FRAMEWORK IS NOW USED ACROSS 68 COUNTRIES TO IMPLEMENT
 ETHICAL SUPPLY CHAINS BY COMPANIES WITH TOTAL ANNUAL REVENUES OF MORE
 THAN \$1.7 TRILLION. IT HAS ALSO BEEN ADOPTED BY 11 MAJOR INDUSTRY
 ASSOCIATIONS AND GUIDES CORPORATE DISCLOSURE ON DEFORESTATION RISK AND

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INITIATIVES BY NEARLY 700 COMPANIES. DURING 2020, THE AFI COALITION GREW FROM 11 TO MORE THAN 20 MEMBERS, INCREASING ITS REACH AND CAPACITY TO DRIVE FURTHER SCALING-UP OF RESPONSIBLE PRODUCTION AND SOURCING PRACTICES IN LINE WITH THE ACCOUNTABILITY FRAMEWORK.

- IN SUMATRA, INDONESIA, WE PARTNERED WITH THOUSANDS OF LOCAL FARMERS WHO ARE NOT ONLY COMMITTED TO MORE SUSTAINABLE WAYS OF GROWING COFFEE, BUT ALSO TO REGENERATING DEFORESTED AREAS. TOGETHER, IN 2020, WE PLANTED AN IMPRESSIVE 124,000 TREE SEEDLINGS IN THE BUFFER ZONES BORDERING THE PARK.
- IN GUATEMALA, HONDURAS, AND MEXICO, WE RESTORED 1,313 HECTARES WITH NATIVE OR AGROFOREST SPECIES THROUGH PARTNERSHIPS WITH LOCAL PRODUCERS AND INDIGENOUS COMMUNITIES.
- WE BEGAN DESIGNING AND IMPLEMENTING MEASURES TO STRENGTHEN RA'S

 ASSURANCE PROGRAM IN THE COCOA SECTOR, INCLUDING ANNOUNCING OUR AFRICA

 COCOA FUND A NEW US\$5 MILLION FUND TO SUPPORT COCOA FARMING COMMUNITIES

 AND PROTECT NATURE ACROSS WEST AND CENTRAL AFRICA. THE AFRICA COCOA FUND

 IS AN EXCITING OPPORTUNITY TO HELP FARMERS IN NEED OF ASSISTANCE TO

 IMPLEMENT KEY REQUIREMENTS OF OUR STRENGTHENED CERTIFICATION PROGRAM. IN

 2020, WE SELECTED 8 PROJECTS FOR OUR FIRST DISBURSEMENT TO WORK ON

 MONITORING SYSTEMS TO TACKLE CHILD LABOR, INCREASING ON-FARM SHADE TREES

 THROUGH AGROFORESTRY, HARNESSING DIGITAL TECHNOLOGY TO DRIVE

 SUSTAINABILITY PROGRESS AND DIVERSIFYING RURAL LIVELIHOOD OPPORTUNITIES.

- IN THE WESTERN HIGHLANDS OF CAMEROON AND THE SOUTHERN PERIPHERY OF THE DJA FAUNAL RESERVE, WE HAVE PARTNERED WITH LOCAL FOREST COMMUNITIES TO BREAK DOWN BARRIERS TO BIODIVERSITY PROTECTION AND IMPROVE RURAL LIVELIHOOD OPPORTUNITIES THROUGH PARTICIPATORY LANDSCAPE MANAGEMENT.
- WHEN LOCKDOWN RESTRICTIONS FORCED MANY OF OUR REGIONAL TEAMS TO SUSPEND FACE-TO-FACE AGRICULTURAL TRAININGS WITH FARMERS, WE NEEDED TO COME UP WITH INNOVATIVE ALTERNATIVES-AND FAST. WE PIVOTED TO ONLINE TRAININGS WHERE POSSIBLE, BUT MANY OF OUR COMMUNITY PARTNERS LIVE IN REMOTE AREAS WITH LIMITED INTERNET ACCESS. THE SOLUTION: WE STARTED RECORDING AUDIO TRAININGS FOR BROADCAST OVER RADIO AND PUBLIC ADDRESS SYSTEMS. FOR OUR MOST VULNERABLE PARTNERS, THESE BROADCASTS HAVE BEEN VITAL-PROVIDING PRACTICAL GUIDANCE ON HOW TO IMPLEMENT SUSTAINABLE GROWING PRACTICES THAT CAN BOOST YIELDS AND IMPROVE THEIR INCOMES. PRACTICAL GUIDANCE ON HOW TO IMPLEMENT SUSTAINABLE GROWING PRACTICES THAT CAN BOOST YIELDS AND IMPROVE THEIR INCOMES. FARMERS AND THEIR COMMUNITIES IN 2020.

FORM 990, PART III, LINE 4B MARKETS TRANSFORMATION

THE MARKETS TRANSFORMATION TEAM WORKS TO INFLUENCE CORPORATE POLICIES,

BEHAVIOR, PRACTICES AND ALLOCATION OF RESOURCES FOR THE BETTERMENT OF

FARMERS AND FOREST COMMUNITIES IN SERVICE OF RAINFOREST ALLIANCE'S

MISSION. WE WORK WITH MORE THAN 5,000 BUSINESSES AND 2 MILLION FARMERS

TO DRIVE MORE SUSTAINABLE AGRICULTURE AND RESPONSIBLE SUPPLY CHAINS.

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HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2020 INCLUDED:

- WE PUBLISHED OUR NEW 2020 SUSTAINABLE AGRICULTURE STANDARD-AN EVOLVED CERTIFICATION PROGRAM BASED ON THE PRINCIPLES OF SHARED RESPONSIBILITY AND SUSTAINABILITY AS A JOURNEY OF CONTINUOUS, DATA-INFORMED IMPROVEMENT. OUR 2020 CERTIFICATION PROGRAM INTRODUCES NEW REQUIREMENTS FOR COMPANIES TO INVEST IN AND REWARD MORE SUSTAINABLE PRODUCTION. AT THE SAME TIME, OUR NEW PROGRAM FULLY EMBRACES THE POWER OF DATA-FROM DETAILED RECORD-KEEPING SYSTEMS TO CUTTING-EDGE GEOSPATIAL ANALYSIS. THIS MEANS EXCITING NEW DIGITAL TOOLS TO HELP FARMERS IMPLEMENT MORE SUSTAINABLE PRACTICES, CLEARER PERFORMANCE INSIGHTS AND RISK ANALYSIS FOR COMPANIES, AND MORE EFFECTIVE AUDITING PROCESSES TO ENSURE TRANSPARENCY AND ACCOUNTABILITY. STAKEHOLDER OUTREACH, COLLECTING FEEDBACK AND PROVIDING TRAINING TO FARMERS AND SUPPLY CHAIN ACTORS ACROSS ALL SECTORS WAS A SIGNIFICANT PART OF OUR WORK.
- WALMART ANNOUNCED THAT 100% OF THEIR PRIVATE LABEL "GREAT VALUE TEA" IS 100% RAINFOREST ALLIANCE CERTIFIED.
- STARBUCKS BEGAN TRACING THEIR RAINFOREST ALLIANCE CERTIFIED TEA SUPPLY TO SUPPORT CORPORATE SOCIAL RESPONSIBILITY (CSR) CLAIMS FOR THEIR TEA AND COCOA PROGRAM. STARBUCKS' COCOA TEAM ALSO AGREED TO BEGIN TRACING A LARGE PORTION OF THEIR COCOA SUPPLY AS RAINFOREST ALLIANCE CERTIFIED IN PLACE OF THEIR IN-HOUSE COCOA ASSURANCE PROGRAM.

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

FORM 990, PART III, LINE 4C

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

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

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

- OUR ANNUAL FOLLOW THE FROG CAMPAIGN HIGHLIGHTS EVERYDAY ACTIONS-LIKE
 BUYING PRODUCTS WITH OUR GREEN FROG SEAL-THAT CAN MAKE A POSITIVE
 DIFFERENCE FOR PEOPLE AND NATURE. SOME OF THE RESULTS OF THE 2020
 CAMPAIGN:
- 87 COLLABORATING COMPANY PARTNERS
- 12.8M PEOPLE REACHED ON SOCIAL MEDIA
- 21 INFLUENCERS WITH COMBINED REACH OF 5M PEOPLE
- IN SEPTEMBER 2020, THE RAINFOREST ALLIANCE JOINED #TOGETHER4FORESTS, A CAMPAIGN TO DEMAND A STRONG, NEW EUROPEAN UNION LAW TO PROTECT THE WORLD'S FORESTS AND OTHER ECOSYSTEMS BY KEEPING PRODUCTS ASSOCIATED WITH DEFORESTATION OUT OF THE EU MARKET. OUR ALLIANCE MEMBERS WERE AMONG THE 1.1 MILLION PEOPLE WHO PARTICIPATED IN THE EUROPEAN COMMISSION'S PUBLIC CONSULTATION ON DEFORESTATION, AND THEIR INPUT WAS DELIVERED TO THE EUROPEAN COMMISSION ON DECEMBER 14, 2020. IT WAS THE LARGEST NUMBER OF SUBMISSIONS TO A PUBLIC CONSULTATION ON THE ENVIRONMENT IN THE HISTORY OF THE EUROPEAN UNION.
- IN MARCH 2020, THE COVID-19 PANDEMIC BROUGHT OUR ANNUAL FUNDRAISING
 GALA PLANNING TO AN ABRUPT HALT. AS THE RAINFOREST ALLIANCE DIRECTED ITS
 ENTIRE STAFF TO BEGIN WORKING FROM HOME, THE COMMUNICATIONS AND

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

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

FORM 990, PART III, LINE 4D

DURING Q4 2018, RA SOLD ITS RA-CERT PROGRAM. THIS SALE REPRESENTED A

STRATEGIC SHIFT IN RA'S OPERATIONS. RA WILL CONTINUE TO COLLECT REVENUES

EACH YEAR OF THE 5-YEAR SALE TERM BASED ON A PERCENTAGE OF APPLICABLE

ANNUAL REVENUES. RA-CERT INCLUDED CERTIFICATION, VERIFICATION AND

VALIDATION ACTIVITIES IN THE AREAS OF FORESTRY, AGRICULTURE, AND TOURISM.

THESE SERVICES WERE FOCUSED ON CONSERVING BIODIVERSITY AND ENSURING

SUSTAINABLE LIVELIHOODS. RA-CERT WAS SOLD TO PREFERRED BY NATURE

(FORMERLY KNOWN AS NEPCON), AN INTERNATIONAL NON-PROFIT ORGANIZATION THAT

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

FORM 990, PART V, LINE 4B

THE ORGANIZATION HAD SIGNATURE AUTHORITY OVER BANK ACCOUNTS IN THE

FOLLOWING COUNTRIES: CANADA, CAMEROON, COSTA RICA, GHANA, GUATEMALA,

HONDURAS, INDONESIA, KENYA, MEXICO, PERU, UNITED KINGDOM.

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

THE RAINFOREST ALLIANCE HAS AN EXECUTIVE COMMITTEE CONSISTING OF EIGHT

DIRECTORS OF THE BOARD OF DIRECTORS (THE "BOARD"). PURSUANT TO THE

BYLAWS, THE CHAIR OF THE BOARD SERVES AS THE CHAIR OF THE EXECUTIVE

COMMITTEE. DURING THE TIME BETWEEN BOARD MEETINGS, THE EXECUTIVE

COMMITTEE CAN EXERCISE ALL POWERS OF THE BOARD THAT MAY BE DELEGATED IN

CONNECTION WITH THE MANAGEMENT OF THE BUSINESS AFFAIRS AND PROPERTY OF

RAINFOREST ALLIANCE, EXCEPT AS RESTRICTED BY LAW OR THE CERTIFICATE OF

INCORPORATION. THE EXECUTIVE COMMITTEE MEETS AT THE DISCRETION OF THE

CHAIR OF THE BOARD AND REPORTS ALL ACTIONS TO THE BOARD.

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

THE CFO INITIALLY REVIEWS THE ORGANIZATION'S DRAFT FORM 990. THE GENERAL

COUNSEL REVIEWS THE DRAFT 990 WITH RESPECT TO ANY QUESTIONS INVOLVING

LEGAL MATTERS. THE DRAFT FORM 990 IS DISTRIBUTED TO EACH OF THE

ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF FILING. EACH OFFICER AND DIRECTOR IS ASKED TO REVIEW THE DRAFT FORM 990 AND RAISE ANY QUESTIONS OR COMMENTS. THE CFO OVERSEES ANY REVISIONS BEFORE THE FINAL FORM 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C A COPY OF OUR CONFLICT OF INTEREST POLICY, ALONG WITH A CONFLICT OF INTEREST DISCLOSURE STATEMENT, IS FURNISHED TO EACH DIRECTOR, OFFICER AND STAFF MEMBER OF THE RAINFOREST ALLIANCE UPON UNDERTAKING THE DUTIES OF SUCH OFFICE, AND ANNUALLY THEREAFTER FOR THE TERM OF SUCH PERSON'S SERVICE TO THE ORGANIZATION. ANY DISCLOSURES ARE REVIEWED BY AN INTERNAL COMMITTEE MADE UP OF THE CEO, CFO AND THE GENERAL COUNSEL, AND ARE REPORTED ON A PERIODIC BASIS TO THE AUDIT AND RISK COMMITTEE. THE AUDIT AND RISK COMMITTEE HAS AMONG ITS RESPONSIBILITIES THE DUTY OF REVIEWING AND MAKING DETERMINATIONS WITH RESPECT TO ALL TRANSACTIONS, AGREEMENTS, OR ARRANGEMENTS INVOLVING DIRECTORS, OFFICERS, AND KEY EMPLOYEES. IN ADDITION, A DETAILED FORM 990 DISCLOSURE STATEMENT IS DISTRIBUTED ANNUALLY TO MEMBERS OF THE COMMITTEE THAT AWARDS KLEINHANS FELLOWSHIPS AND THE RAINFOREST ALLIANCE'S DIRECTORS, OFFICERS AND KEY EMPLOYEES. IT REQUESTS DISCLOSURES THAT ARE REQUIRED TO BE REPORTED ON FORM 990 ABOUT ANY TRANSACTIONS BETWEEN THE ORGANIZATION AND THOSE WHO SERVE IT IN VARIOUS VOLUNTEER AND PAID CAPACITIES, AND ABOUT ANY TRANSACTIONS AMONG THOSE PERSONS.

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

THE ORGANIZATION HAS DEVELOPED SALARY ADMINISTRATION GUIDELINES (THE

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

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST TO MANAGEMENT. IN ADDITION,

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, 990'S, CONFLICT OF

INTEREST AND WHISTLEBLOWER POLICIES, AND SUMMARIES OF ALL OF ITS POLICIES

AND PROCEDURES TO ENSURE INDEPENDENCE, ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS - THE ORGANIZATION OPERATES IN SEVERAL

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COUNTRIES AND INCURS FOREIGN TRANSLATION GAINS/LOSSES. FOR THE TAX YEAR ENDED DECEMBER 31, 2020, \$42,103 OF FOREIGN CURRENCY EXCHANGE LOSSES WERE INCURRED. AS PART OF PAYROLL TAXES, BUT REPRESENTS BENEFITS TO THE EMPLOYEES, RA HAS INCLUDED THESE AS EXPENSES AS OTHER EMPLOYEE BENEFITS IN THE STATEMENT OF FUNCTIONAL EXPENSES.

\$11,202 PRIOR YEAR GRANTS NOT SPENT.

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

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

FORM 8858

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

FINANCIAL STATEMENTS

THE FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS TO INCLUDE

Page 2

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ALL OF THE ASSETS, LIABILITIES, NET ASSETS, REVENUES AND EXPENSES OF ALL

BRANCHES AND AFFILIATES, WHICH FOR TAX PURPOSES ARE DISREGARDED ENTITIES,

OF THE RAINFOREST ALLIANCE, INC.

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

INDONESIA

MEXICO

GHANA

UNITED KINGDOM

CANADA

ATTACHMENT 2

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 3

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

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

Schedule O (Form 990 or 990-EZ) 2020

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

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAI	1().	PART VII-	COMPENSATION	() H.	.I.H E.	H. I // H!	HIGHEST	PAID	1 N1) -	CONTRACTORS
---	------	-----------	--------------	-------	---------	------------	---------	------	---------	-------------

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

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

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

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

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

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

BEGINNING ENDING COST DESCRIPTION BOOK VALUE BOOK VALUE OR FMV

GLOBAL EQUITY 2,379,376. FMV

TOTALS 10,900,674. 31,207,295.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public 2020

Employer identification number Inspection

13-3377893

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

RAINFOREST ALLIANCE, INC.

Name of the organization Department of the Treasury Internal Revenue Service

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) illed y?
						Yes	9 8
(1) RAINFOREST ALLIANCE HOLDING, INC. 82-4110897 125 BOARD STREET, 9TH FLOOR NEW YORK, NY 10004	SUSTAINABILIT	五〇	501(C)(3)	7	N/A		×
(2) STICHTING RAINFOREST ALLIANCE							
DE RUYTERKADE 6 AMSTERDAM, NL 1013 AA	SUSTAINABILIT	NL			RA HOLDING		×
(3)							
(4)							
(5)							
(9)							
(7)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	. 990.				Schedule R (Form 990) 2020	(Form 99	0) 2020

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Page 2

Schedule R (Form 990) 2020

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

(k) Percentage ownership										
	0								,	
(j) General or managing partner?	Yes No								art I	F
Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	¥								n Form 990, F	
(h) Disproportionale allocations?	Yes No								d "Yes" o	
(g) Share of end-of- year assets									iization answere ne tax year.	
(f) Share of total income									lete if the orgar or trust during tl	
(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	, , , , , , , , , , , , , , , , , , , ,								on or Trust. Complaises a corporation of	
(d) Direct controlling entity									as a Corporatica anizations treated	
(c) Legal domicile (state or foreign	(6,000)								s Taxable ated orga	
(b) Primary activity									ted Organization Id one or more re	
(a) Name, address, and EIN of related organization									Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	
Z Z		(1)	(2)	(3)	(4)	(2)	(9)	(7)	Part IV	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Direct controlling Type of entity (C corp. S corp. or trust)	(f) Share of total income	Share of Percentage 512(b)(13) end-of-year assets ownership controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
						Schedule R (Form 990) 2020	R (Form 99	0) 2020

7 6 F

0E1308 1.000 27637U M998

JSA

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

₩	:	: :	<u> </u>	Yes No	<u> </u>
During the tax year, did the organization engage in any of the foll	ated organizations liste	ed in Parts II-IV?	4	×	×
A Receipt of (1) illierest, (11) annumes, (111) Toyanies, of (17) Terr from a connomed enumy				×	: ×
			\perp	: ×	:
			+	1	>
d Loans or loan guarantees to or for related organization(s)			4		<
e Loans or loan guarantees by related organization(s)			- - - - - - - - - - -	×	
			4	>	>
1 Dividends from related organization(s)			= ,		د ۵
g Sale of assets to related organization(s)			10	< : 	∢ :
h Purchase of assets from related organization(s)				× ;	× :
i Exchange of assets with related organization(s)			:	× ;	× :
j Lease of facilities, equipment, or other assets to related organization(s)			; -	$\stackrel{\times}{+}$	\times
			7	×	×
K Lease of racinities, equipment, of other assets from related organization(s)			<u>-</u> ;	>	: >
Performance of services or membership or fundraising solicitations for related organization(s)			=	⟨ ;	د :
			- - - - -	× ;	× :
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				× 	×
o Sharing of paid employees with related organization(s)			10	\times	\times
p Reimbursement paid to related organization(s) for expenses			1p	\times	\times
q Reimbursement paid by related organization(s) for expenses				\times	\times
P Other transfer of each or property to related organization(e)			7	×	×
s Other transfer of cash or property from related organization(s)				×	$ \times$
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	s line, including cover	ed relationships and trans	action thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ining ed	
(1) STICHTING RA	U	15,000,000.	FMV		
(2)					
(8)					
(4)					
(5)					
(9)					
YSC Y		Sch	Schedule R (Form 990) 2020	0) 202	20
0E1309 1,000					

RAINFOREST ALLIANCE, INC.

Schedule R (Form 990) 2020

Page 4

13-3377893

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

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.

Share of Share of Share of Share of Share of stock of the	Ve Yes No															
Xes																
sections 512 - 514) Yes No																
Primary activity																
Name, address, and EIN of entity	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information

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

Form **8858**

Information Return of U.S. Persons With Respect to Foreign

beginning 01/01/2020

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

Disregarded Entities (FDEs) and Foreign Branches (FBs) ► Go to www.irs.gov/Form8858 for instructions and the latest information.

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

OMB No. 1545-1910

Attachment Sequence No. 140

	тΠ							Filer's identifying number
) Т	ALLIANCE, INC						13-3377893
Number, street, and		m or suite no. (or P.O. box num		not delivered to street a	ddress)			
125 BROAI) 5	STREET, 9TH FI	LOOR					
City or town, state, a	nd Z	IP code						
NEW YORK				NY 100	004			
iler's tax year begin	ning				, and ending			
		all applicable lines a dollars unless otherwi			tion must be	in English. Al	l amount	ts must be stated in
Check here	Х	FDE of a U.S. person		FDE of a controlled	foreign corporation (CFC)	FDE of a	controlled foreign partnership
		FB of a U.S. person		FB of a CFC		,		controlled foreign partnership
Check here		Initial 8858	Final	8858		<u>'</u>		
1a Name and addre	ess of	FFDE or FB PT RAINFO	REST Al	LLIANCE			b(1) U.S	. identifying number, if any
JT BARUSARI	N	O. 31, MEDURA						98-1051106
KOTA DENPAS	SAR	BALI		802	28		b(2) Refe	erence ID number (see instructions)
INDONESIA							98-105110	06A
c For FDE, count	ry(ie	s) under whose laws organized	and entity t	ype under local tax law		d Date(s) of org	anization	e Effective date as FDE
INDONESIA						08/23/20	02	08/23/2002
		J.S. tax treaty were claimed wit or FB, enter the treaty and articl		g Country in which activity is conduct		h Principal busing activity	ness	i Functional currency
				INDONESIA		RA CERT/	L&L	IDR
2 Provide the follo	owin	g information for the FDE's or I	B's accoun	ting period stated above.				
the United State	S	didentifying number of branch LLIANCE, INC. C/	· ·	, ,,	with custody such books a	of the books and rend records, if different	ecords of the ent	partment, if applicable) of person(s) e FDE or FB, and the location of C.O PEPY TAN
125 BROAD	ST	REET, 9TH FLOOR			JT BARUS	ARI NO. 31	, MEDU	RA 80228
NEW YORK		NY	10004		KOTA DENI	PASAR		
13-3377893	3				BALI ID			
		f the FDE or FB (if different fr	om the filer)	, provide the following (se				
a Name and addre	ess				b Annual accou	ınting period cover	red by the re	turn (see instructions)
					(4) 110 11 (7)			
					c(1) U.S. identif	ying number, if any		
					c(2) Reference	ID number (see ins	tructions)	
					d Country unde	er whose laws organ	nized	e Functional currency
						·		,
For the direct o	wne	r of the FDE or FB (if different	from the ta	ax owner), provide the fol	 lowing (see instruction	ons):		
a Name and addre	ess				b Country unde	er whose laws orgar	nized	
					c U.S. identifyin	ng number, if any		d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

		01.1	/ ' ' ' '
Schedule C	Income	Statement	(see instructions)

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

f you	are using the average exchange rate (determined under section 989(b)), check	the	following box		
			Functional Currency	U.S.	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9	334,664		23.
10	Total income (add lines 3 through 9)	10	334,664		23.
11	Total deductions (exclude income tax expense)	11	3,793,201,362.	26	0,312.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14	-3,792,866,698	-26	50,289.
Sche	edule C-1 Section 987 Gain or Loss Information		•		
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional	b) t stated in currency pient
1	Remittances from the FDE or FB	1			<u>-</u>
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
	/			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting		•		
Sche	edule F Balance Sheet				
mpo	rtant: Report all amounts in U.S. dollars computed in functional currency and tra dance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us	ansla se DA	ted into U.S. dolla STM.	ars in	
	Assets		(a) Beginning of annual accounting period	End of account	(b) f annual ing period
1	Cash and other current assets	1	477,809	. 30	03,601.
2	Other assets	2	963,944	. 8:	37,527.
3	Total assets	3	1,441,753	. 1,1	41,128.
	Liabilities and Owner's Equity				
4	Liabilities	4	12,625.		9,998.
5	Owner's equity	5	1,429,128	. 1.1:	31,130.
		. •	_,,		

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

1,141,128.

1,441,753

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

Sch	edule F	Current	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
Impor	tant: E	nter the amou	nts on lines 1 th	rough 6 in funct	tional currency.					
1	Currer	nt year net incon	ne (loss) per forei	gn books of accou	ınt			1	37928	66698
2		-		_				2		
3	Total net additions									
4	Currer	nt earnings and _l	profits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	4	37928	66698
5	DAST	M gain (loss) (if a	applicable)			·		5		
6	Comb	ine lines 4 and 5	i					6	37928	66698
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	excha	nge rate determi	ned under section	989(b) and the r	elated regulation	ns (see instructions))	7	-260	,289.
8	Enter	<u>exchange rate u</u>	sed for line 7 ▶	14571	.7600					
	edule l		red Loss Amou							
<u>Impor</u>	tant: S	ee instruction:	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an I	FDE) transferred	to a foreign corpo	ration? If "I	No,"		
	stop h	ere. If "Yes," go t	to line 2							
2	Was th	ne transferor a d	lomestic corporati	on that transferre	ed substantially a	all of the assets of a	ın FB (includ	ding		
	an FB	that is an FDE) to a specified 1	0%-owned foreign	gn corporation?	If "No," stop here.	If "Yes," go	to		
3		•				shareholder with	•			
		• .		•	•					
4				•	•	ired under sectior				
		ctions						4		
Sch	edule J		Taxes Paid or A	· · · · · · · · · · · · · · · · · · ·	tructions)					
		F	oreign Income Tax			Foreign Tax Credit	Separate Cat	egorie	es	
(a) (b) (c) (d) (e) (f) Country or Possession Foreign Currency Conversion Rate Dollars Foreign Branch Passive			(g) General			h) her				
1 333	2231011			Dollaro						
Totals	2									

SCHEDULE M (Form 8858)

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

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

► Attach to Form 8858.

OMB No. 1545-1910

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

Name of person filing Form 8858				Identify	ing number
RAINFOREST ALLIANCE,	INC.			13-	-3377893
Name of FDE or FB PT RAINFOREST A	ALLIANCE U.S	. identifying number, if any	Refe	rence ID number (see ins	tructions)
		98-1051	1 0 6 98-1051	106A	
Name of tax owner			U.S. ide	ntifying number, if any	
mportant: Complete a separate Sc he annual accounting period betwe must be stated in U.S. dollars transl nstructions.	een the FDE or FB lated from function	B and the persons lis al currency at the ap	sted in the applicab opropriate exchange	le columns (b) thro	ough (f). All amounts
Enter the relevant functional currency an		<u> </u>			
Column Headings. This schedule col and complete lines 1 through 19 with				entifies the status o	f the tax owner
Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for					
certain services					
4 Commissions received					
5 Rents, royalties, and license					
fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property					
other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain					
services					
14 Commissions paid					
15 Rents, royalties, and license					
fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see					
instructions)					
19 Amounts loaned (see					
instructions)					

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

Schedule M (Form 8858) (Rev. 12-2018)

Form **8858**

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

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. 140

nternal Revenue Servi	,	beginning	01/0	1/	2020 ,	and ending 12	1/31/2020		Sequence No. 140	
lame of person fili	ing thi		•			<u> </u>			Filer's identifying number	
RAINFORE	ST	ALLIANCE, INC	С.						13-3377893	
		m or suite no. (or P.O. box nun		l is no	t delivered to street a	ddress)		'		
125 BROA	D 5	STREET, 9TH								
City or town, state,	and Z	IP code								
NEW YORK					NY 100	004				
iler's tax year begi	inning					, and ending				
•		all applicable lines a				tion must be	in English. All	amounts	s must be stated in	
Check here	X	FDE of a U.S. person			FDE of a controlled	foreign corporation (CFC)	FDE of a	controlled foreign partnership	
		FB of a U.S. person	İ		FB of a CFC			FB of a co	ontrolled foreign partnership	
Check here		Initial 8858	Fina	al 885	58		-			
1a Name and add	ress o	fFDE or FB RAINFORES	T ALL:	IAN	CE MEXICO -	ALLIANZA		b(1) U.S.	identifying number, if any	
AV. MAZATL	AN	66, COLONIA CONI	ESA						98-1051195	
CIUDAD DE	MEX	ICO			061	40		b(2) Refe	rence ID number (see instructions	
MEXICO								98-105119	5A	
c For FDE, cour	ntry(ie	es) under whose laws organized	d and entity	y type	under local tax law		d Date(s) of org	anization	e Effective date as FDE	
MEXICO							06/15/20	05	06/15/2005	
f If benefits und		U.S. tax treaty were claimed wit or FB, enter the treaty and artic		to g	Country in which activity is conduct		h Principal busir activity		i Functional currency	
					MEXICO		L&L		MXN	
		g information for the FDE's or								
the United Stat	tes	d identifying number of branch				 b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different RAINFOREST ALLIANCE MEXICO C/O CLARA GARCIA 				
125 BROAD	SI	REET, 9TH FLOOR				MAZATIAN	66, COL.	CONDESA	A 06140	
NEW YORK		NY	10004	4		MEXICO C	ITY			
13-337789	93					MX				
3 For the tax ow	vner o	of the FDE or FB (if different fi	om the file	er), pr	ovide the following (se	ee instructions):				
a Name and add	Iress					b Annual accou	unting period cover	ed by the retu	urn (see instructions)	
						c(1) U.S. identif	fying number, if any			
						c(2) Reference	ID number (see inst	ructions)		
						d Country unde	er whose laws organ	ized	e Functional currency	
4 For the direct	owne	r of the FDE or FB (if differen	t from the	tax o	wner), provide the foll	owing (see instruction	ons):	'		
a Name and add	Iress					b Country unde	er whose laws organ	ized		
						c U.S. identifyir	ng number, if any		d Functional currency	
		tional chart that identifies the the tax owner and the FDE o				vnership, tax classifi	cation, and country		on of all entities in the chain	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

	•	_
Schedule C	Income Statement (see instructions)	

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

іт уои	are using the average exchange rate (determined under section 989(b)), check	tne t	ollowing box					
			Functional Currency	U.S.	Dollar			
1	Gross receipts or sales (net of returns and allowances)	1	41,894,020.	1,95	0,623.			
2	Cost of goods sold	2						
3	Gross profit (subtract line 2 from line 1)	3	41,894,020.	1,95	0,623.			
4	Dividends	4						
5	Interest	5						
6	Gross rents, royalties, and license fees	6						
7	Gross income from performance of services	7						
8	Foreign currency gain (loss)	8						
9	Other income	9	86 , 575.		4,031.			
10	Total income (add lines 3 through 9)	10	41,980,595.	1,95	4,654.			
11	Total deductions (exclude income tax expense)	11	37,857,474.	1,76	2,678.			
12	Income tax expense	12						
13	Other adjustments	13						
14	Net income (loss) per books	14	4,123,121.	19	1,976.			
Sche	dule C-1 Section 987 Gain or Loss Information							
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB. (a) Amount stated in functional currency of FDE or FB							
1	Remittances from the FDE or FB	1			pient			
2	Section 987 gain (loss) recognized by recipient	2						
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach	_						
J	statement)	3						
	Statement)			Yes	No			
4	Were all remittances from the FDE or FB treated as made to the direct owner?			103	110			
5	Did the tax owner change its method of accounting for section 987 gain or loss with re							
·	from the FDE or FB during the tax year? If "Yes," attach a statement describing the n	•						
	the change and new method of accounting		•					
Sche	dule F Balance Sheet	•			1			
Impo	rtant: Report all amounts in U.S. dollars computed in functional currency and tra dance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us			ars in				
	Assets		(a) Beginning of annual accounting period	End of account	b) fannual ing period			
1	Cash and other current assets	1	615,179	. 6	34,013.			
2	Other assets	2	82,741	. 1:	27,602.			
3	Total assets	3	697,920	. 81	11,615.			
	Liabilities and Owner's Equity							
4	Liabilities	4	67,111.		52,185.			
5	Owner's equity	5	630,809		59,430.			
6	Total liabilities and owner's equity	6	697,920		11,615.			
	Wild C Other Information		, , , , , , , , , , , , , , , , ,		,			

		169	NO
1	During the tax year, did the FDE or FB own an interest in any trust?		Χ
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign		
	partnership?		Χ
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4	During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under		
	section 901(m)?		
5	During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat		
	foreign taxes that were previously suspended under section 909 as no longer suspended?		
		00=0	

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

	- (/								
Sche	dule F	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	nstructions)				
mport	ant: E	nter the amou	nts on lines 1 th	rough 6 in funct	tional currency.					
1	Currer	it year net incom	ne (loss) per forei	gn books of accou	ınt			1	4 , 123	<u>,121.</u>
2	Total net additions									
3	3 Total net subtractions									
4	Currer	nt earnings and p	orofits (or taxable	income - see ins	tructions) (line 1	plus line 2 minus lin	e 3)	4	4,123	<u>,121.</u>
5	DAST	И gain (loss) (if a	applicable)					5		
6	Comb	ne lines 4 and 5						6	4,123	,121.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line 6	6 translated at the	average			
	excha	nge rate determi	ned under sectior	989(b) and the r	elated regulation	ns (see instructions))	7	191	<u>,976.</u>
8	Enter	exchange rate u			.4773					
	dule I		red Loss Amoui							
mport	ant: S	ee instructions	s for who has to	complete this s	ection.					
									Yes	No
1	Were	any assets of a	n FB (including a	n FB that is an l	FDE) transferred	to a foreign corpo	oration? If "N	lo,"		
	stop h	ere. If "Yes," go t	o line 2							
2	Was th	ne transferor a d	omestic corporati	on that transferre	ed substantially a	all of the assets of a	an FB (includ	ling		
	an FB	that is an FDE) to a specified 1	0%-owned foreig	gn corporation?	If "No," stop here.	If "Yes," go	to		
	line 3									
3		-				shareholder with				
				•	-		ſ			
4				Ū	•	ired under section				
		tions	<u> </u>			<u></u>		4		
Sche	dule J		Taxes Paid or A	•	tructions)					
		F	oreign Income Tax			Foreign Tax Credit	Separate Cate	gorie	es T	
(a) (b) Country or Personalism Foreign Currency ((c) Conversion Rate	(d) U.S.	(e) Foreign Branch	(f) Passive	(g) General			h) her	
Posse	ssion	. c. digit duridity	2 Silvoididii Tate	Dollars	. Stolgit Blatton	1 400110	Contoral		-	
Tatal-										
Totals					I	I	I		1	

SCHEDULE M (Form 8858)

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

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

► Attach to Form 8858.

OMB No. 1545-1910

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

Name of person filing Form 8858					Identifyir	ng number
RAINFOREST ALLIANCE, INC.					13-3	3377893
Name of FDE or FB RAINFOREST ALLIANCE ME	U.S. identify	ing number, if any	Refer	ence ID number	(see instru	ictions)
		98-10511	1 9 5 98-1051:	195A		
Name of tax owner			U.S. ider	ntifying number, if	any	
Important: Complete a separate Schedule M fo the annual accounting period between the FDE						
must be stated in U.S. dollars translated from fu						
instructions.		o, at a ap	propriate enemange			, 20 tan your oo
Enter the relevant functional currency and the exchang	ne rate used thr	oughout this sch	adula 🕨			
Column Headings. This schedule contains three				entifies the st	tatus of t	the tax owner
and complete lines 1 through 19 with respect to t					iaias or i	ine tax owner
			(d) Any foreign	(a) Apyll S n	orcon	
Controlled Foreign Partnership		Any domestic	corporation or partnership	(e) Any U.S. p with a 10% o	r more	
(b) U.S. perso	n filing	orporation or partnership	controlling or controlled by the	direct interest controlled fo		
(a) Transactions of this retuined the FDE or FB	'	ontrolling or olled by the filer	filer (other than the	partnership (than the fi	other	
		,	tax owner)	trair trio	101)	
Controlled Foreign Corporation		Any domestic	(d) Any foreign corporation or	(e) 10% or mo	re U.S.	(f) 10% or more U.S. shareholder, or other
(a) Transactions of this retu	rn partn	orporation or ership controlled	partnership controlled	corporation	on Í	owner, of any entity
FDE or FB	'''	by the filer	by the filer (other than tax owner)	controlling th owner	ne tax	controlling the tax owner
U.S. Tax Owner (b) U.S. perso	on πiing ` ¿	Any domestic orporation or	(d) Any foreign corporation (including	(e) Any fore	eign	
this return (other than	n partn	ership controlled e filer (other than	its branches or disregarded entities)	partnership (included branches or F	luding its FDEs)	
(a) Transactions of tax owner of FDE or FB FDE or F	the t	ax owner of the	controlling or controlled	controlling or co		
102 0.10	5)	FDE or FB)	by the filer	by the inc	51	
1 Sales of inventory						
2 Sales of property rights						
3 Compensation received for						
certain services						
4 Commissions received						
5 Rents, royalties, and license						
fees received						
6 Dividends/Distributions received						
7 Interest received						
8 Other						
9 Add lines 1 through 8						
11 Purchases of tangible property						
other than inventory						
12 Purchases of property rights						
13 Compensation paid for certain						
services						
14 Commissions paid						
15 Rents, royalties, and license						
fees paid						
16 Interest paid						
17 Add lines 10 through 16						
18 Amounts borrowed (see					T	
instructions)						
19 Amounts loaned (see						
instructions)						

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

Schedule M (Form 8858) (Rev. 12-2018)

Form **8858**

Information Return of U.S. Persons With Respect to Foreign

(Rev. September 2020)

Department of the Treasury

Disregarded Entities (FDEs) and Foreign Branches (FBs) ► Go to www.irs.gov/Form8858 for instructions and the latest information.

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

Attachment Sequence No. 140

OMB No. 1545-1910

Internal Revenue Servic	,	beginning	01/0	1/2	020 , a	and ending 12	/	31/2020)			Sequence No. 140	
Name of person filin	ng thi		•			-	_	,			Filer's	s identifying number	_
RAINFORES	ST	ALLIANCE, INC									13	-3377893	
		m or suite no. (or P.O. box num		is not d	delivered to street ac	ddress)							
125 BROAI	5	STREET, 9TH FI	JOOR										
City or town, state, a													
NEW YORK					NY 100	04							
Filer's tax year begin	ning					, and ending							
		all applicable lines and				tion must be	in	English. All	l a	mounts	mu	st be stated in	
Check here	Χ	FDE of a U.S. person		F	DE of a controlled f	oreign corporation (CF	C)	F	DE of a	control	led foreign partnership	
		FB of a U.S. person		FE	3 of a CFC				F	B of a co	ontrolle	ed foreign partnership	
Check here		Initial 8858	Final	8858									
1a Name and addre	ess o	fFDE or FB RAINFORES	r Alli	ANC	E GHANA				b	(1) U.S.	identify	ing number, if any	
HOUSE NO. 3	36,	ABOTSI STREET										98-1051463	3
GHANA		EAST LE	GON, A	ACCF	RA KA S	9714			1 1	(2) Refer -1051463		D number (see instruction	s)
	try(ie	s) under whose laws organized	and entity	type u	nder local tax law		d	Date(s) of org	J Janiz	zation	e Eff	fective date as FDE	
GHANA								02/16/20:	1 0		0.3	/16/2010	
f If benefits unde		J.S. tax treaty were claimed with			Country in which pactivity is conducted		_	03/16/203 Principal busin activity				/16/2010 Inctional currency	
		or . D, ornor and alouty and allians			HANA			L&L/RA CE	ER	Т	USI		
2 Provide the foll	owin	g information for the FDE's or F	B's accour	nting p	eriod stated above.								
the United State	es	d identifying number of branch		•	• •	with custody of such books a	of t nd	the books and re records, if differe	ecor ent	rds of the	FDE or	t, if applicable) of person(some FB, and the location of ROBERT ODOM)
125 BROAD	SI	REET, 9TH FLOOR				HOUSE NO		36 ABOTS	Ι	STREE	T K	A 9714	
NEW YORK		NY	10004			EAST LEGO	NC	1					
13-3377893	3					ACCRA GH							
		f the FDE or FB (if different fro	om the filer	r), provi	ide the following (se	· · · · · · · · · · · · · · · · · · ·							
a Name and addre	ess					b Annual accou	nti	ing period covere	ed l	by the retu	ırn (se	e instructions)	
						c(1) U.S. identif	yin	g number, if any					
						c(2) Reference I	D	number (see inst	truc	tions)			
						d Country unde	rw	vhose laws organ	nize	d	e Fu	nctional currency	
4 For the direct o	wne	r of the FDE or FB (if different	from the t	tax owr	ner), provide the follo	owing (see instruction	ons	s):					
a Name and addre	ess					b Country unde	rw	vhose laws organ	nize	d			
						c U.S. identifyin	g r	number, if any			d Fu	nctional currency	
		ional chart that identifies the the tax owner and the FDE or											

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

	•	_
Schedule C	Income Statement (see instructions)	

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FBs that the second report of the superpose problems of the superpose problems.

lf yοι	ı are using the average exchange rate (determined under section 989(b)), check	the f	following box		
			Functional Currency	U.S.	Dollar
1	Gross receipts or sales (net of returns and allowances)	1		88	33,811.
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3		88	33,811.
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9		9			
		10		88	33,811.
10	Total income (add lines 3 through 9)				3,811.
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			
Sch	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amoun functional	b) t stated in currency of pient
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
·	• , ,	3			
	statement)			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?			163	NO
-	Did the tax owner change its method of accounting for section 987 gain or loss with re				
5		-			
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the n		•		
	the change and new method of accounting				
	edule F Balance Sheet				
	rtant: Report all amounts in U.S. dollars computed in functional currency and tra rdance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us			ars in	
	Assets		(a) Beginning of annual accounting period	End o	(b) f annual ting period
1	Cash and other current assets	1	23,479		44,388.
2	Other assets	2			
3	Total assets	3	23,479		44,388.
	Liabilities and Owner's Equity				
4	Liabilities	4	148,451.	1	69 , 360.
5	Owner's equity	5	-124,972		24,972.
6	Total liabilities and owner's equity	6	23,479		44,388.
	edule G Other Information	U	23,479	<u>'</u>	11,000.
SCIIE	dule C - Other information			V	NI-
	Desire the Assessment Hills EDE on ED and 11 11 12			Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?				X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indir	ectly	, in any foreign		

Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)? During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?.....

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

Form 8858 (Rev. 9-2020) Page 4 **Current Earnings and Profits or Taxable Income** (see instructions) Schedule H Important: Enter the amounts on lines 1 through 6 in functional currency. 1 2 2 3 3 Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . . 4 5 5 6 6 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) 7 Enter exchange rate used for line 7 ▶ Schedule I Transferred Loss Amount (see instructions) **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J Foreign Income Taxes Foreign Tax Credit Separate Categories (a) Country or (b) Foreign Currency (c) Conversion Rate (e) Foreign Branch Dollars Possession

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

Totals

SCHEDULE M (Form 8858)

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

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

► Attach to Form 8858.

OMB No. 1545-1910

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

Search of protocology Sear								
Same of IDE or FB RAINFOREST ALLIANCE GII U.S. Identifying number, if any 98-1-0514 43 38-1-0514635 U.S. Identifying number, if any 98-1-0514 43 38-1-0514635 U.S. Identifying number, if any U.S.	Name of person filing Form 8858							
itime of tax owner P3 = 1 0.51 4 \$ 3						1	.3-337789) 3
mportant: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred durin the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amount must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDEs or FBs tax year. So instructions. Enter the relevant functional currency and the exchange rate used throughout this schedule. Controlled Foreign Partnership (a) Transactions of FDE or FB (b) U.S. person timp (b) U.S. person timp (c) Transactions of (a) Transactions of FDE or FB (b) U.S. person timp (b) U.S. person timp (c) Transactions of FDE or FB (c) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d) Transactions of FDE or FB (d) U.S. person timp (d	Name of FDE or FB RAINFOREST ALL	IANCE GH U.	S. identifying r	number, if any		•	instructions)	
mportant: Complete a separate Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during he annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amountuist be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDEs or FBs tax year. St instructions. Enter the relevant functional currency and the exchange rate used throughout this schedule become complete lines 1 through 15 with respect to the applicable set of column headings. Controlled Foreign Partnership (h) U.S. person filling (h) U.S. person				98-10514	4 6 3 98-1051	.463A		
the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts the stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDEs or FBs tax year. Senstructions. Interest the relevant functional currency and the exchange rate used throughout this schedule. Controlled Foreign Partnership (a) Transactions of PEC or FB (b) U.S. person fling (controlled Foreign Corporation or particularly controlled by the filer (other than the filer other than the filer (other Name of tax owner				U.S. ide	ntifying number, if any	1		
the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts the stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDEs or FBs tax year. Senstructions. Interest the relevant functional currency and the exchange rate used throughout this schedule. Controlled Foreign Partnership (a) Transactions of PEC or FB (b) U.S. person fling (controlled Foreign Corporation or particularly controlled by the filer (other than the filer other than the filer (other								
Controlled Foreign Partnership (a) Transactions of FDE or FB Controlled Foreign Corporation (b) U.S. person filling this return (b) U.S. person filling controlled by the filler (c) Any demestic controlled by the filler (c) Any demestic controlled profession or partnership controlling or controlled by the filler (d) Any foreign corporation (a) Transactions of FDE or FB (b) U.S. person filling this return (d) Transactions of FDE or FB (e) Any demestic corporation or partnership controlled by the filler (other than the filler) by the filler (other than the fill	the annual accounting period between ust be stated in U.S. dollars transenstructions.	een the FDE or Fl lated from function	3 and the nal currenc	persons lis y at the ap	ted in the applicab propriate exchange	le columns (b) t	hrough (f). Al	l amount
Controlled Foreign Partnership (a) Transactions of FDE or FB Controlled Foreign Corporation (a) Transactions of FDE or FB Controlled Foreign Corporation (b) U.S. parson filing this return (c) Any demeatic corporation or partnership controlled by the filer co						lentifies the statu	is of the tax ow	ner
(a) Transactions of FDE or FB (b) U.S. person filing this return (b) U.S. person filing this return (c) Any domestic proportion of FDE or FB (c) Any domestic proportion of FDE or FB (d) Transactions of FDE or FB (e) N.S. person filing this return (c) Chart domestic proportion of FDE or FB (b) U.S. person filing this return (c) Chart domestic proportion of the fact wowner of the FDE or FB (d) Any domestic proportion of the filed of the flat that the tax owner of the FDE or FB 1 Sales of inventory 2 Sales of property rights 3 Compensation received for certain services 4 Commissions received 5 Rents, royalties, and license fees received 6 Dividends/Distributions received 7 Interest received 9 Add lines 1 through 8 10 Purchases of inventory 11 Purchases of inventory 12 Purchases of property rights 13 Compensation property rights 14 Commissions paid 15 Rents, royalties, and license fees paid 16 Interest paid 17 Add lines 10 through 16 18 Amounts borrowed (see instructions) 19 Amounts loaned (see	(a) Transactions of		corpo	ration or nership	corporation or partnership controlling or controlled by the filer (other than the	with a 10% or mo direct interest in the controlled foreign partnership (other	re he n	
(a) Transactions of PDE or FB (b) Sp. Person limit of this return of this return of the FDE or FB (a) Transactions of PDE or FB (b) Sp. Person limit of this return of the FDE or FB (b) Sales of inventory 2 Sales of property rights. 3 Compensation received for certain services 4 Commissions received 5 Rents, royalties, and license fees received. 6 Dividends/Distributions received 7 Interest received. 8 Other 9 Add lines 1 through 8 10 Purchases of tangible property other than inventory. 11 Purchases of property rights. 3 Compensation paid for certain services 6 Interest paid 1 New Figure 1 Services 1 Services 1 Services 1 Services 1 Services 1 Services 2 Services 3 Other 4 Commissions paid 5 Rents, royalties, and license fees paid 6 Interest paid 6 Interest paid 7 Add lines 10 through 16 8 Interest paid 8 Interest paid 9 Amounts loaned (see	(a) Transactions of		corpo	ration or ip controlled	corporation or partnership controlled by the filer (other	shareholder of an corporation controlling the ta	ny shareholde owner, of ox controllin	er, or other any entity ig the tax
2 Sales of property rights	(a) Transactions of	this return (other than the tax owner of the	partnersh by the file the tax o	ration or hip controlled er (other than bwner of the	corporation (including its branches or disregarded entities) controlling or controlled	partnership (includin branches or FDEs controlling or contro	ng its	
instructions)	2 Sales of property rights							
	instructions)							

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

Schedule M (Form 8858) (Rev. 12-2018)

Form **8858**

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

(Rev. September 2020)

Department of the Treasury

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

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

OMB No. 1545-1910

Attachment Sequence No. 140

nternal Revenue Servi		beginning	01/0	1/	/2020 ,	and ending 12	2/31/2020)	Sequence No. 140	
lame of person fili			, -			<u> </u>	, , , , , , , , ,		Filer's identifying number	
RAINFORE	ST	ALLIANCE, IN	С.						13-3377893	
		m or suite no. (or P.O. box nun		l is n	ot delivered to street a	ddress)				
125 BROA	D S	STREET, 9TH F	LOOR							
City or town, state,		·								
NEW YORK					NY 100	004				
iler's tax year begi	nning					, and ending				
		all applicable lines a dollars unless otherwi				tion must be	in English. Al	l amoun	ts must be stated in	
heck here	X	FDE of a U.S. person			FDE of a controlled	foreign corporation ((CFC)	FDE of a	a controlled foreign partnership	
		FB of a U.S. person			FB of a CFC		` ′	FB of a	controlled foreign partnership	
Check here		Initial 8858	Fina	al 88	58		'			
la Name and addr	ress c	fFDE or FB RAINFORES	T ALL	IAI	ICE, LTD. UK			b(1) U.S	. identifying number, if any	
THE GREEN	HOU	SE, CAMBRIDGE HE	EATH R	D					98-105116	
LONDON					E2	9DA		b(2) Refe	erence ID number (see instruction	
JNITED KIN	GDC	M						98-10511	66A	
c For FDE, cour	ntry(ie	es) under whose laws organized	d and entit	y typ	e under local tax law		d Date(s) of org	anization	e Effective date as FDE	
JNITED KIN	GDC	M					02/26/20	10	02/26/2010	
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number g Country in what activity is conducted.						principal business ed	h Principal business activity		i Functional currency	
					UNITED KING	GDOM	L&L/MARK	ETS	GBP	
		g information for the FDE's or			<u> </u>					
 a Name, address, and identifying number of branch office or agent (if any) in the United States RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON 						b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON				
		REET, 9TH FLOOR						•	GE HEATH RD E2 9D2	
NEW YORK		NY	10004	4		LONDON	,			
13-337789	3					ENGLAND	UK			
B For the tax ow	ner c	of the FDE or FB (if different fi	om the file	er), p	rovide the following (se	ee instructions):				
a Name and add	ress	<u> </u>				b Annual accou	unting period cover	ed by the re	turn (see instructions)	
						c(1) U.S. identif	fying number, if any			
						c(2) Reference	ID number (see ins	tructions)		
						d Country unde	er whose laws orgar	nized	e Functional currency	
For the direct	owne	r of the FDE or FB (if differen	t from the	tax	owner), provide the fol	lowing (see instruction	ons):		•	
a Name and add	ress					b Country unde	er whose laws orgar	nized		
						c U.S. identifyir	ng number, if any		d Functional currency	
		tional chart that identifies the the tax owner and the FDE o				wnership, tax classifi	ication, and country		tion of all entities in the ch	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Schedule C	Income Statement (see instructions)

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

If you are using the average exchange rate (determined under section 989(b)), check the following how

іт уоц	i are using the average exchange rate (determined under section 989(b)), check	tne	,		
			Functional Currency		Dollar
1	Gross receipts or sales (net of returns and allowances)	1	1,507,425.	1,93	3,077.
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3	1,507,425.	1,93	3,077.
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9		9			
10	Other income Total income (add lines 3 through 9)	10	1,507,425.	1,93	3,077.
11	Total deductions (exclude income tax expense)	11	1,507,425.		3,077.
	Total deductions (exclude income tax expense)	12			*
12	Income tax expense				
13	Other adjustments	13			
14	Net income (loss) per books	14			
Sch	edule C-1 Section 987 Gain or Loss Information		T		
	Note: See the instructions if there are multiple recipients of remittances from		(a) Amount stated in		b) stated in
	the FDE or FB.		functional currency of	functional	currency of
			FDE or FB	reci	pient
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the n	-			
	the change and new method of accounting		•		
Sch	edule F Balance Sheet	• • •		ı	1
	rtant: Report all amounts in U.S. dollars computed in functional currency and tra	nela	ted into LLS doll	ars in	
acco	rdance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us	e DA	ISTM.	JI 3 III	
	and the contract of the contra	- - ,	1	1	b)
	Assets		(a) Beginning of annual accounting period	End of	b) annual ing period
_		_	-		
1	Cash and other current assets	1	87,763		55,778.
2	Other assets	2	25,423		
3	Total assets	3	113,186	. •	55,778.
	Liabilities and Owner's Equity				
	Liabilities and Owner's Equity				
4	Liabilities	4	113,186.	(55,778.
5	Owner's equity	5			
6	Total liabilities and owner's equity	6	113,186	. (55,778.
Sch	edule G Other Information				
				Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?				X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indir	ectly	in any foreign		1 2 2
_					1

1 During the tax year, did the FDE or FB own an interest in any trust?

2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?

3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?

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

5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?

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

Form 8858 (Rev. 9-2020) Page 4 **Current Earnings and Profits or Taxable Income** (see instructions) Schedule H Important: Enter the amounts on lines 1 through 6 in functional currency. 1 2 2 3 3 Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . . 4 5 5 6 6 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) 7 Enter exchange rate used for line 7 1.3427 Schedule I Transferred Loss Amount (see instructions) **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J Foreign Income Taxes Foreign Tax Credit Separate Categories

> (e) Foreign Branch

Dollars

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

(a) Country or

Possession

Totals

(b) Foreign Currency (c) Conversion Rate

SCHEDULE M (Form 8858)

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

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

► Attach to Form 8858.

OMB No. 1545-1910

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

value of person filling Form 6656						identity	ng number
RAINFOREST ALLIANCE,	INC.					13-	3377893
Name of FDE or FB RAINFOREST ALL		U.S. identifying	number, if any		Reference ID number	(see instr	uctions)
			98-1051	1 6 6 ⁹⁸⁻	1051166A		
Name of tax owner				U.S	. identifying number, i	f any	
<mark>Important: Complete a separate So</mark>							
the annual accounting period betwe							
must be stated in U.S. dollars trans. instructions.	lated from fund	ctional currenc	cy at the ap	ppropriate excha	nge rate for the	FDE's c	r FB's tax year. See
ristructions.							
Enter the relevant functional currency ar							
Column Headings. This schedule co			-		at identifies the s	tatus of	the tax owner
and complete lines 1 through 19 with	h respect to the	e applicable se	et of column	_			
		(c) Any	/ domestic	(d) Any foreign corporation or	(e) Any U.S. with a 10% of	person	
Controlled Foreign Partnership	(b) U.S. person t	corpo	ration or	partnership controlling or	direct interes	t in the	
(a) Transactions of FDE or FB	this return	conti	nership rolling or	controlled by the filer (other than the			
T DE OIT D		controlle	d by the filer	tax owner)	than the f	iler)	
Controlled Foreign Comparation		(c) Any	y domestic	(d) Any foreign	(e) 10% or mo	ore U.S.	(f) 10% or more U.S.
Controlled Foreign Corporation	(b) U.S. person	filing corpo	ration or	corporation or partnership contro	shareholder	of any	shareholder, or other owner, of any entity
(a) Transactions of FDE or FB	this return		nip controlled the filer	by the filer (other	er controlling t	he tax	controlling the tax owner
				than tax owner) owner		Owner
U.S. Tax Owner	(b) U.S. person f	(c) Any	domestic	(d) Any foreign		oian	
	this return	nartnersk	oration or hip controlled	corporation (include its branches or	partnership (inc	luding its	
(a) Transactions of	(other than th tax owner of t	bo Dy tile illi	er (other than owner of the	disregarded entitie controlling or contr	olled I controlling or c	ontrolled	
FDE or FB	FDE or FB)		or FB)	by the filer	by the fil	er	
1 Sales of inventory							
2 Sales of property rights							
3 Compensation received for							
certain services							
4 Commissions received							
5 Rents, royalties, and license							
fees received							
6 Dividends/Distributions received							
7 Interest received							
8 Other							
9 Add lines 1 through 8							
10 Purchases of inventory							
11 Purchases of tangible property							
other than inventory							
Purchases of property rights							
13 Compensation paid for certain							
services							
15 Rents, royalties, and license							
fees paid							
16 Interest paid							
17 Add lines 10 through 16							
18 Amounts borrowed (see							
instructions)							
19 Amounts loaned (see							
instructions)							

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

Schedule M (Form 8858) (Rev. 12-2018)

Form **8858**

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

(Rev. September 2020)

Department of the Treasury Internal Revenue Service isregarded Entities (FDEs) and Foreign Branches (FBs)

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

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

OMB No. 1545-1910

Attachment Sequence No. **140**

		, ,	0 = 7 0 =	, ,	<u> </u>	., 01, 1010		
Name of person fili	-							Filer's identifying number
		ALLIANCE, INC						13-3377893
		m or suite no. (or P.O. box numb	er if mail is	not delivered to street a	iddress)			
		ST, 9TH FLOOR						
City or town, state,	and Z	IP code		4.04	2.0.4			
NEW YORK				NY 100	004			
iler's tax year begi					, and ending			
		all applicable lines an dollars unless otherwis			ation must be	in English. Al	l amoun	ts must be stated in
Check here	Х	FDE of a U.S. person		FDE of a controlled	foreign corporation (CFC)	FDE of a	controlled foreign partnership
		FB of a U.S. person		FB of a CFC			FB of a	controlled foreign partnership
Check here		Initial 8858	Final 8	858		<u> </u>		
1a Name and add	ess o	fFDE or FB RAINFOREST			LTD. UK		b(1) U.S	. identifying number, if any
		SE, CAMBRIDGE HEA						98-1069583
LONDON		•		E2	9DA		b(2) Ref	erence ID number (see instructions)
UNITED KIN	GDC	М					98-10695	· · · · · · · · · · · · · · · · · · ·
		es) under whose laws organized a	and entity ty	pe under local tax law		d Date(s) of org	ı ganization	e Effective date as FDE
ŕ	, ,	,	, ,				,	
						05/31/20	11	05/31/2011
f If benefits unc	er a	J.S. tax treaty were claimed with	respect to	g Country in which	principal business	h Principal busi		i Functional currency
		or FB, enter the treaty and article		activity is conduct		activity		,
				UNITED KING	3DOM	INACTIVE		GBP
2 Provide the fo	lowin	g information for the FDE's or FE	R's accounti			11111011111		CD1
		d identifying number of branch of			1	Idress (including o	orporate de	partment, if applicable) of person(s)
the United Stat		,g		(),	with custody	of the books and r	ecords of the	FDE or FB, and the location of
RAINFORES	T Z	ALLIANCE, INC. C/C) DI.TK	HINCKSON		ınd records, if differ ওিম মান্নমা∩		. C/O KYLIE NORTON
		REET, 9TH FLOOR	ADIK	HINCKSON				GE HEATH RD E2 9DA
NEW YORK	. 51		10004		LONDON	N HOOSE, C	MINDIXID	GE HEATH ND E2 9DA
13-337789	2	1/1 .	10004					
		f.th EDE ED //f -liff f	4l £ l\		UK			
		f the FDE or FB (if different from	m the filer),	provide the following (s	1	unting period seve	rad by the re	turn (ago instructions)
a Name and add	1622				b Annual accou	inting period cover	red by the re	turn (see instructions)
					a(4) II C identif			
					C(1) 0.3. Identil	fying number, if any	'	
					- (0) D-f	ID	4	
					C(2) Reference	ID number (see ins	tructions)	
					d Causton und		-:	a Functional summand
					d Country unde	er whose laws orgar	lizeu	e Functional currency
4 F !! :			5 41 ·		Navida a Za i di iii			
For the direct Name and add		r of the FDE or FB (if different f	rom the tax	x owner), provide the fol			nizod	
	ress				b Country unde	er whose laws orgar	nizea	
a Hame and add								
a Name and add								
a realite and add								
a Name and add					110			I
a Name and add					c U.S. identifyin	ng number, if any		d Functional currency

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

	358 (Rev. 9-2020)				Page
	dule C Income Statement (see instructions)				
dollai section	rtant: Report all information in functional currency in accordance with U.S. GA is translated from functional currency (using GAAP translation rules or the aver- on 989(b)). If the functional currency is the U.S. dollar, complete only the U.S al rules for FDEs or FBs that use DASTM. If are using the average exchange rate (determined under section 989(b)), check	rage . Dol	exchange rate d lars column. See	etermine instruc	ed unde tions fo
II you	are using the average exchange rate (determined under Section 909(b)), theth	uiei			•
		_	Functional Currency	0.8.1	Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11			
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14			
Sch	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.		(a) Amount stated in functional currency of FDE or FB	Amount functional	b) stated in currency o pient
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach	_			
•	statement)	3			
	Cutomony			Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
•	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting		•		
Sche	dule F Balance Sheet	• • •			
	rtant: Report all amounts in U.S. dollars computed in functional currency and tra	nela	ted into LLS doll:	ars in	
	dance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us			213 111	
	Assets		(a) Beginning of annual accounting period	End of accounti	annual ng period
1	Cash and other current assets	1			
2	Other assets	2			
3	Total assets	3			
	Liabilities and Owner's Equity				
		_			
4	Liabilities	4			
5	Owner's equity	5			
6	Total liabilities and owner's equity	6			
Sche	dule G Other Information				
_				Yes	No
1	During the tax year, did the FDE or FB own an interest in any trust?				X
2	During the tax year, did the FDE or FB own at least a 10% interest, directly or indi	-			
	partnership?				X
3	Answer the following question only if the FDE made its election to be treated as disreg	arded	from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the election?	ne FD	E as a result of		

During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)? During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?.....

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

Form 8858 (Rev. 9-2020) Page 4 **Current Earnings and Profits or Taxable Income** (see instructions) Schedule H Important: Enter the amounts on lines 1 through 6 in functional currency. 1 2 2 3 3 Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . . 4 5 5 6 6 Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)) 7 Enter exchange rate used for line 7 ▶ Schedule I Transferred Loss Amount (see instructions) **Important:** See instructions for who has to complete this section. Yes No Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the Enter the transferred loss amount included in gross income as required under section 91. See Income Taxes Paid or Accrued (see instructions) Schedule J Foreign Income Taxes Foreign Tax Credit Separate Categories (a) Country or (b) Foreign Currency (c) Conversion Rate (e) Foreign Branch Dollars Possession

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

Totals

SCHEDULE M (Form 8858)

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

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

► Attach to Form 8858.

OMB No. 1545-1910

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

Name of person filing Forn	n 8858						Identifyir	ng number
RAINFOREST A	ALLIANCE,	INC.					13-3	3377893
Name of FDE or FB RAIN	FOREST ALL	IANCE TR	U.S. identifyin	g number, if any		Reference ID number	r (see instru	uctions)
				98-1069	583 ⁹⁸	3-1069583A		
Name of tax owner					U.	.S. identifying number,	if any	
Important: Complete the annual accountir must be stated in U. instructions.	ng period betwe S. dollars trans	een the FDE o	or FB and the ctional curre	e persons lis ncy at the ap	sted in the app opropriate exch	olicable columns	(b) throu	igh (f). All amounts
Enter the relevant func								
Column Headings. T and complete lines 1				•		hat identifies the	status of	the tax owner
Controlled Foreign (a) Transa	Partnership octions of	(b) U.S. person this return	(c) A cor pa	ny domestic poration or artnership ntrolling or lled by the filer	(d) Any foreig corporation of partnership controlling of controlled by the filer (other than tax owner)	with a 10% direct interection controlled partnership the	or more st in the foreign (other	
Controlled Foreign (a) Transa FDE o	ctions of	(b) U.S. person this return	filing cor	any domestic poration or rship controlled y the filer	(d) Any foreig corporation of partnership conti by the filer (oth than tax owne	or shareholder corporation controlling	of any tion the tax	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
U.S. Tax Owner (a) Transa FDE 0		(b) U.S. person this return (other than the tax owner of the FDE or FB)	ne by the the tal	nny domestic poration or rship controlled filer (other than x owner of the DE or FB)	(d) Any foreig corporation (inclu- its branches of disregarded enti- controlling or con by the filer	uding or partnership (in branches or controlling or controlling or by the form	cluding its FDEs) controlled	
1 Sales of inventory								
2 Sales of property r								
3 Compensation rec	-							
certain services								
4 Commissions rece								
5 Rents, royalties, ar	nd license							
fees received								
6 Dividends/Distribu	tions received							
7 Interest received .								
8 Other								
9 Add lines 1 throug								
10 Purchases of inver								
11 Purchases of tang								
other than invento								
12 Purchases of prope								
13 Compensation pai								
services								
14 Commissions paid								
15 Rents, royalties, ar								
fees paid								
16 Interest paid								
17 Add lines 10 throu18 Amounts borrowed								
instructions)								
19 Amounts loaned (s								
instructions)								

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

Schedule M (Form 8858) (Rev. 12-2018)

Form **8858**

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

(Rev. September 2020)

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8858 for instructions and the latest information. Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 0.7/0.1/2.0.19, and ending 0.6/3.0/2.0.20

OMB No. 1545-1910

Attachment Sequence No. **140**

value of person illin	ıg this	return			_			Filer's identifying number	
RAINFORES	13-3377893								
		n or suite no. (or P.O. box numb		not delivered to street a	ddress)				
125 BROAI) S	TREET, 9TH FLO	OOR						
City or town, state, a	nd ZII	P code							
NEW YORK				NY 100	004				
Filer's tax year begin					, and ending				
		all applicable lines and ollars unless otherwise			tion must be	in English. Al	l amoun	ts must be stated in	
Check here	Х	FDE of a U.S. person		FDE of a controlled	foreign corporation (CFC)	FDE of a	a controlled foreign partnership	
		FB of a U.S. person		FB of a CFC			FB of a	controlled foreign partnership	
Check here		Initial 8858	Final 8	858		·			
1a Name and addre	ess of	FDE or FB RAINFOREST	ALLIA	NCE CANADA			b(1) U.S	. identifying number, if any	
285 MCLEOD	STI	REET						98-1051454	
OTTAWA CANADA		ONTARIO		K29	1A1		b(2) Refe	erence ID number (see instructions)	
	trv(ies	s) under whose laws organized a	and entity ty	pe under local tax law		d Date(s) of org	l anization	e Effective date as FDE	
,	, (,	, ,	'		, ,	,		
CANADA						02/26/20	09	02/26/2009	
		.S. tax treaty were claimed with r FB, enter the treaty and article		g Country in which activity is conduct		h Principal business activity		i Functional currency	
				CANADA		RA CERT		CAD	
2 Provide the foll	owing	information for the FDE's or FE	3's accounti	ing period stated above.					
a Name, address, and identifying number of branch office or agent (if any) in the United States RAINFOREST ALLIANCE, INC. C/O ALIK HINCKSON 125 BROAD STREET, 9TH FLOOR NEW YORK NY 10004					b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different RAINFOREST ALLIANCE, INC C/O SUSANNA LEHMAN 285 MCLEOD STREET K291A1 OTTAWA				
13-3377893		the EDE or ED (if different from	n the filer)	provide the following (e.	ONTARIO (CA			
For the tax owr Name and addre		the FDE or FB (if different from	n the liler),	provide the following (so	· · · · · · · · · · · · · · · · · · ·	inting period cover	red by the re	turn (see instructions)	
u Hamo and addit	000				b / iiii dai dooo	ining pened cover	od by tho to	num (555 monuolismo)	
					c(1) U.S. identif	ying number, if any	,		
					c(2) Reference	ID number (see ins	tructions)		
					d Country unde	er whose laws organ	nized	e Functional currency	
						· ·		,	
4 For the direct o	wner	of the FDE or FB (if different fi	rom the tax	x owner), provide the fol	 lowing (see instruction	ons):			
a Name and addre	ess				b Country unde	er whose laws orgar	nized		
					c U.S. identifyin	ng number, if any		d Functional currency	

For Paperwork Reduction Act Notice, see the separate instructions.

direct or indirect interest. See instructions.

Schedule C	Income Statement	(coo instructions)
2101115101111151V	income Statement	1300 11311 401101131

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

If you	arrules for FBLs of FBs that use BASTM. are using the average exchange rate (determined under section 989(b)), check	the t	following box		🗆
			Functional Currency		Dollar
1	Gross receipts or sales (net of returns and allowances)	1			
2	Cost of goods sold	2			
3	Gross profit (subtract line 2 from line 1)	3			
4	Dividends	4			
5	Interest	5			
6	Gross rents, royalties, and license fees	6			
7	Gross income from performance of services	7			
8	Foreign currency gain (loss)	8			
9	Other income	9			
10	Total income (add lines 3 through 9)	10			
11	Total deductions (exclude income tax expense)	11	5,384.		4,014.
12	Income tax expense	12			
13	Other adjustments	13			
14	Net income (loss) per books	14	-5,384		-4,014.
Sche	edule C-1 Section 987 Gain or Loss Information				
	Note: See the instructions if there are multiple recipients of remittances from		(a)		b)
	the FDE or FB.		Amount stated in functional currency of		stated in currency of
			FDE or FB	reci	pient
1	Remittances from the FDE or FB	1			
2	Section 987 gain (loss) recognized by recipient	2			
3	Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach				
	statement)	3			
				Yes	No
4	Were all remittances from the FDE or FB treated as made to the direct owner?				
5	Did the tax owner change its method of accounting for section 987 gain or loss with re				
	from the FDE or FB during the tax year? If "Yes," attach a statement describing the r				
	the change and new method of accounting				
	dule F Balance Sheet				
lmpo accor	rtant: Report all amounts in U.S. dollars computed in functional currency and tra dance with U.S. GAAP. See instructions for an exception for FDEs or FBs that us	nsla e DA	ted into U.S. dolla STM.	ars in	
	Assets		(a) Beginning of annual accounting period	End of account	b) f annual ing period
1	Cash and other current assets	1	39,350	. 3	37,876.
2	Other assets	2	282,765		7,756.
3	Total assets.	322,115	. 4	45,632.	
	Liabilities and Owner's Equity				
4	Liabilities	4	2,061,270.	4,43	38,425.
5	Owner's equity	5	-1,739,155	-4,39	92,793.
6	Total liabilities and owner's equity	6	322,115		45,632.

Schedule G Other Information

		res	NO
1	During the tax year, did the FDE or FB own an interest in any trust?		Χ
2			
	partnership?		Χ
3	Answer the following question only if the FDE made its election to be treated as disregarded from its owner		
	during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of		
	the election?		
4			
	section 901(m)?		
5			
	foreign taxes that were previously suspended under section 909 as no longer suspended?		
		0050 /5	0.0000)

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

Sch	edule H	Current I	Earnings and Pr	ofits or Taxable	e Income (see i	instructions)				
Impor	tant: <i>E</i>	nter the amou	nts on lines 1 th	rough 6 in funct	tional currency.					
1	Currer	nt year net incom	ne (loss) per forei	gn books of accou	ınt			1	- 5	,384.
2	Total r	net additions						2		
3								3		
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) 4							-5	,384.	
5	DASTI	ฟ gain (loss) (if a	applicable)				L	5		
6	Comb	ne lines 4 and 5						6	- 5	, 384.
7	Currer	nt earnings and	profits (or taxab	le income) in U.	S. dollars (line	6 translated at the	average			
	exchai	nge rate determi	ned under section	n 989(b) and the r	elated regulation	ns (see instructions))	7	-4	<u>,014.</u>
8	Enter		sed for line 7 ▶		.3412					
	edule I		red Loss Amoui		,					
Impor	tant: S	ee instructions	s for who has to	complete this s	ection.					
									Yes	No
1		=	• -		-	to a foreign corpo		- 1		
	•							- 1		
2			•			all of the assets of a	•	- 1		
						If "No," stop here.		- 1		
	line 3									
3		•				shareholder with	•	- 1		
				•	•			• •		
4				•	•	iired under section				
Cob				normad (and inci	tructions)	<u> </u>		4		
Sch	edule J		Foreign Income Tax	· · · · · · · · · · · · · · · · · · ·	I ucuons)	Foreign Tax Credit	Senarate Cated	norios	•	
			(-)			101163				
Country or Possession		(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollars	(e) Foreign Branch	(f) Passive	(g) General	(h) Other		her
1 033	0331011			Dollars						
Totals	;									

SCHEDULE M (Form 8858)

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

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

► Attach to Form 8858.

OMB No. 1545-1910

ternal Revenue Service Go to www.irs.gov/Form8858 for instructions and the latest information.

Name of person filing Form 8858

RAINFOREST ALLIANCE, INC.

13-3377893

Name of FDE or FB RAINFOREST ALLIANCE CA U.S. identifying number, if any 98-1051454

Name of tax owner

U.S. identifying number, if any U.S. identifying number, if any 98-1051454

U.S. identifying number, if any

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

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

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

	Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
	Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
	U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1	Sales of inventory					
2	Sales of property rights					
3	Compensation received for					
	certain services					
4	Commissions received					
5	Rents, royalties, and license					
	fees received					
6	Dividends/Distributions received					
7	Interest received					
8	Other					
_9	Add lines 1 through 8					
10	Purchases of inventory					
11	Purchases of tangible property					
	other than inventory					
12	Purchases of property rights					
13	Compensation paid for certain services					
14	Commissions paid					
15	Rents, royalties, and license					
	fees paid					
16	Interest paid					
17	Add lines 10 through 16					
18	Amounts borrowed (see					
	instructions)					
19	Amounts loaned (see					
	instructions)					
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For Paperwork Reduction Act Notice, see the Instructions for Form 8858.

Schedule M (Form 8858) (Rev. 12-2018)