

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RAINFOREST ALLIANCE, INC.			D Employer identification number 13-3377893	
	Doing Business As			E Telephone number (212) 677-1900	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	27 EAST 28TH STREET, 8TH FLOOR				
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016			G Gross receipts \$ 85,962,621.		
F Name and address of principal officer: ADAM COX 27 EAST 28TH STREET, 8TH FLOOR, NEW YORK, NY 10016			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶		
J Website: ▶ WWW.RAINFOREST-ALLIANCE.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1987 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>RA WORKS AT THE INTERSECTION OF BUSINESS, AGRICULTURE & FORESTS TO IMPROVE LIVES & PROTECT NATURE BY TRANSFORMING HOW LAND IS USED, PRODUCTION OF GOODS & CONSUMER CHOICES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	124
	6 Total number of volunteers (estimate if necessary)	6	22
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	26,261,802.	28,183,079.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,750,028.	55,768,343.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,775,330.	390,625.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,255.	-27,838.
		54,800,415.	84,314,209.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,073,606.	23,544,542.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,492,714.	24,931,568.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	243,134.	185,385.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,840,083.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,052,653.	21,269,825.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,862,107.	69,931,320.
19 Revenue less expenses. Subtract line 18 from line 12	10,938,308.	14,382,889.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	72,175,035.	86,086,901.
	22 Net assets or fund balances. Subtract line 21 from line 20.	14,397,270.	19,213,928.
	57,777,765.	66,872,973.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	ADAM COX CFO		11/15/2023		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD L RUVELSON	RICHARD L RUVELSON	11/15/2023		P00234075
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶	22-2027092		
Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814	Phone no.	301-272-6000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 41,944,604. including grants of \$ 22,193,905.) (Revenue \$ 31,752.)

LANDSCAPES AND COMMUNITIES (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 13,797,002. including grants of \$ 1,350,637.) (Revenue \$ 55,768,343.)

MARKETS TRANSFORMATION (SEE SCHEDULE O)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses 55,741,606.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 124		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <u>SEE SCHEDULE O</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
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:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

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

ADAM COX 27 EAST 28TH STREET, 8TH FLOOR NEW YORK, NY 10016
212-677-1900

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANTIAGO GOWLAND CHIEF EXECUTIVE OFFICER	40.00 NONE			X			430,794.	NONE	72,173.	
(2) ALIK ODINGA HINCKSON CFO (THRU 9/20/2022)	40.00 NONE			X			265,364.	NONE	28,160.	
(3) ALEX H MORGAN CHIEF GLOBAL ENGAGEMENT	40.00 NONE				X		255,402.	NONE	24,127.	
(4) JACQUELYN PETERS LEVY SENIOR DIR, GLOBAL ACCOUNTING	40.00 NONE					X	177,404.	NONE	49,073.	
(5) MOLLY STARK GENERAL COUNSEL & SECRETARY	40.00 NONE			X			214,630.	NONE	10,648.	
(6) HELEEN S. CPO	40.00 NONE				X		215,355.	NONE	NONE	
(7) APARAJITA BHALLA CHIEF DEVELOPMENT OFFICER	40.00 NONE				X		202,229.	NONE	5,833.	
(8) MARIA SALINAS DIRECTOR, GLOBAL FINANCE	40.00 NONE					X	141,947.	NONE	49,023.	
(9) RUSSELL ECKENROD DEPUTY GENERAL COUNSEL	40.00 NONE					X	149,192.	NONE	11,036.	
(10) JEFFREY ROY CRUZ CONTROLLER	40.00 NONE					X	140,517.	NONE	18,436.	
(11) JEFFREY MILDER DIR, GLOBAL POLICY & STRATEGY	40.00 NONE					X	147,880.	NONE	9,197.	
(12) DANIEL ROGER KATZ DIRECTOR, BOARD CHAIR	1.00 1.00	X		X			NONE	NONE	NONE	
(13) ANTONIUS VAN DER LAAN DIRECTOR, VICE CHAIR	1.00 1.00	X		X			NONE	NONE	NONE	
(14) PETER MARTIN SCHULTE DIRECTOR, TREASURER	1.00 1.00	X		X			NONE	NONE	NONE	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LABEEB MAKRAM ABOUD DIRECTOR	1.00	X					NONE	NONE	NONE	
(16) TASSO REZENDE DE AZEVEDO DIRECTOR	1.00	X					NONE	NONE	NONE	
(17) VANUSIA M. CARNEIRO NOGUEIRA DIRECTOR	1.00	X					NONE	NONE	NONE	
(18) SONILA ALICE COOK DIRECTOR	1.00	X					NONE	NONE	NONE	
(19) DANIEL JAN COUVREUR DIRECTOR	1.00	X					NONE	NONE	NONE	
(20) WENDY GORDON ROCKEFELLER DIRECTOR	1.00	X					NONE	NONE	NONE	
(21) NINA HAASE DIRECTOR	1.00	X					NONE	NONE	NONE	
(22) MARILU HERNANDEZ DE BOSOMS DIRECTOR	1.00	X					NONE	NONE	NONE	
(23) DANIEL LOUIS HOUSER DIRECTOR	1.00	X					NONE	NONE	NONE	
(24) PETER HANS LEHNER DIRECTOR	1.00	X					NONE	NONE	NONE	
(25) NALIN KUMAR MIGLANI DIRECTOR	1.00	X					NONE	NONE	NONE	
1b Sub-total							2,340,714.	NONE	277,706.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							2,340,714.	NONE	277,706.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 32

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JUAN ESTEBAN ORDUZ TRUJILLO DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(27) ANURAG PRIYADARSHI DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(28) ERIC B ROTHENBERG DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(29) ANISHA PUSHPIKA RAJAPAKSE DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(30) PAUL RUBACHA DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(31) KERRI ANNE SMITH DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(32) ANNEMIEKE WIJN DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(33) SARAH JANE DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 18

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	50,883.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	17,808,860.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	10,323,336.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 19,575.				
	h	Total. Add lines 1a-1f		28,183,079.				
	Program Service Revenue	2a	CONTRACT INCOME	Business Code	541900	4,045,964.	4,045,964.	
b		PARTICIPATION AGREEMENT REVENUE/ROYALTY	541900		51,722,379.	51,722,379.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			55,768,343.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			641,559.		641,559.	
	4	Income from investment of tax-exempt bond proceeds .			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
					1,314,063.			
	b	Less: rental expenses	6b		1,314,063.			
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					19,575.			
	b	Less: cost or other basis and sales expenses . .	7b		19,575.	250,934.		
	c	Gain or (loss)	7c			-250,934.		
	d	Net gain or (loss)			-250,934.		-250,934.	
8a	Gross income from fundraising events (not including \$ 50,883. of contributions reported on line 1c). See Part IV, line 18	8a			4,250.			
			8b		63,840.			
			8c		-59,590.		-59,590.	
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
			9b		NONE			
			9c		NONE		NONE	
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
			10b		NONE			
			10c		NONE		NONE	
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	31,752.	31,752.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			31,752.			
12	Total revenue. See instructions			84,314,209.	55,800,095.		331,035.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,520,182.	1	18,935,399.
	2 Savings and temporary cash investments	11,584.	2	11,033.
	3 Pledges and grants receivable, net	5,997,484.	3	7,660,473.
	4 Accounts receivable, net	7,759,781.	4	19,114,849.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	2,363,289.	9	2,259,777.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,197,388.		
	b Less: accumulated depreciation	10b 2,421,331.	10c	776,057.
	11 Investments - publicly traded securities.	37,539,271.	11	32,459,659.
	12 Investments - other securities. See Part IV, line 11	28,121.	12	20,926.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	2,568,394.	15	4,848,728.
16 Total assets. Add lines 1 through 15 (must equal line 33)	72,175,035.	16	86,086,901.	
Liabilities	17 Accounts payable and accrued expenses	6,060,969.	17	9,434,454.
	18 Grants payable	6,782,097.	18	6,590,038.
	19 Deferred revenue	1,200,109.	19	984,104.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	354,095.	25	2,205,332.
	26 Total liabilities. Add lines 17 through 25.	14,397,270.	26	19,213,928.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	52,046,498.	27	59,794,198.
	28 Net assets with donor restrictions.	5,731,267.	28	7,078,775.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	57,777,765.	32	66,872,973.
33 Total liabilities and net assets/fund balances.	72,175,035.	33	86,086,901.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,314,209.
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,931,320.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,382,889.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57,777,765.
5	Net unrealized gains (losses) on investments	5	-5,625,443.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	337,762.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,872,973.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

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

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

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

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 85.08%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 69.96%; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. []; 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. []; 17b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. []; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. []

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) and Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) and Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME				13,255.	31,752.	45,007.
TOTALS				13,255.	31,752.	45,007.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,199,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,029,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 700,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 966,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,001,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 698,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">RAINFORREST ALLIANCE, INC.</p>	Employer identification number <p style="text-align: center;">13-3377893</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
7	N/A <hr/> <hr/> <hr/>	\$ 2,685,240.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
8	N/A <hr/> <hr/> <hr/>	\$ 5,927,904.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
9	N/A <hr/> <hr/> <hr/>	\$ 2,426,799.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
10	N/A <hr/> <hr/> <hr/>	\$ 1,173,937.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
11	N/A <hr/> <hr/> <hr/>	\$ 716,005.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
12	N/A <hr/> <hr/> <hr/>	\$ 902,318.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

Name of organization <p style="text-align: center;">RAINFORREST ALLIANCE, INC.</p>	Employer identification number <p style="text-align: center;">13-3377893</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A <hr/> <hr/> <hr/>	\$ 865,653.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
14	N/A <hr/> <hr/> <hr/>	\$ 629,117.	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
	<hr/> <hr/> <hr/>	\$	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
	<hr/> <hr/> <hr/>	\$	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
	<hr/> <hr/> <hr/>	\$	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>
	<hr/> <hr/> <hr/>	\$	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>

Name of organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

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

Name of organization <p style="text-align: center;">RAINFOREST ALLIANCE, INC.</p>	Employer identification number <p style="text-align: center;">13-3377893</p>
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	NONE	NONE												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	12,073.	NONE												
c Total lobbying expenditures (add lines 1a and 1b)	12,073.	NONE												
d Other exempt purpose expenditures		NONE												
e Total exempt purpose expenditures (add lines 1c and 1d)	12,073.	NONE												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	2,415.	NONE												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	604.	NONE												
h Subtract line 1g from line 1a. If zero or less, enter -0-		NONE												
i Subtract line 1f from line 1c. If zero or less, enter -0-	9,658.	NONE												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Horizontal lines for providing supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, inspection, handling of 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 conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,150,748.	1,110,557.	1,038,135.	1,047,611.	1,102,551.
b Contributions					
c Net investment earnings, gains, and losses	-242,282.	101,201.	102,838.	31,761.	-9,850.
d Grants or scholarships					
e Other expenditures for facilities and programs	14,949.	61,010.	30,416.	41,237.	45,090.
f Administrative expenses					
g End of year balance	893,517.	1,150,748.	1,110,557.	1,038,135.	1,047,611.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
 - b Permanent endowment 100.0000 %
 - c Term endowment NONE %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|--------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		814,342.	811,979.	2,363.
d Equipment		987,738.	749,435.	238,303.
e Other		1,395,308.	859,917.	535,391.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				776,057.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	471,411.
(2) DUE FROM AFFILIATE	2,301,251.
(3) RIGHT OF USE OF ASSETS	2,076,066.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,848,728.

Part X Other Liabilities.

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

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

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

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4:

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

FORM 990, SCHEDULE D, PART X, LINE 2:

RA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND NO PROVISION FOR SUCH INCOME TAX HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. RA HAS EVALUATED UNCERTAIN TAX POSITIONS WITH RESPECT TO ITS U.S. OPERATIONS AND CONCLUDED THERE ARE NO SUCH POSITIONS AT DECEMBER 31, 2022 AND 2021. RA HAS OPERATIONS IN OTHER COUNTRIES AND IS SUBJECT TO THE LAWS AND REGULATIONS OF THOSE COUNTRIES. RA DID NOT RECOGNIZE ANY TAX RELATED INTEREST OR PENALTIES DURING THE PERIODS PRESENTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

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

A FOREIGN EXCHANGE GAIN OF \$337,762 RELATED TO CURRENCY GAIN ON REVENUE TRANSACTIONS WAS INCLUDED AS INCREASE OF TOTAL REVENUE ON THE AUDIT REPORT BUT WAS INCLUDED IN PART XI LINE 9 ON FORM 990.

Part XIII Supplemental Information (continued)

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

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

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

LOSS OF DISPOSAL OF FIXED ASSETS OF \$(250,934) INCLUDED IN TOTAL EXPENSES ON THE AUDIT REPORT BUT NOT INCLUDED IN PART IX. SPECIAL EVENT EXPENSES OF \$109,107 WAS NOT INCLUDED IN AUDIT BUT WAS INCLUDED IN THE RETURN.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	6	107	PROGRAM SERVICES	SEE PART V	10,691,718.
(2) EUROPE	1	30	PROGRAM SERVICES	SEE PART V	3,480,617.
(3) NORTH AMERICA	1	45	PROGRAM SERVICES	SEE PART V	3,816,865.
(4) SOUTH AMERICA	2	40	PROGRAM SERVICES	SEE PART V	4,124,596.
(5) EAST ASIA AND THE PACIFIC	1	33	PROGRAM SERVICES	SEE PART V	2,219,027.
(6) SUB-SAHARAN AFRICA	5	42	PROGRAM SERVICES	SEE PART V	4,757,620.
(7) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	19.
(8) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	SEE PART V	575,809.
(9) EAST ASIA AND THE PACIFIC	NONE	NONE	GRANTMAKING		425,297.
(10) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	GRANTMAKING		3,787,716.
(11) EUROPE	NONE	NONE	GRANTMAKING		13,112,217.
(12) NORTH AMERICA	NONE	NONE	GRANTMAKING		772,943.
(13) SOUTH AMERICA	NONE	NONE	GRANTMAKING		574,566.
(14) SUB-SAHARAN AFRICA	NONE	NONE	GRANTMAKING		2,920,079.
(15)					
(16)					
(17)					
3a Subtotal	16	297.			51,259,089.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	16.	297.			51,259,089.

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

Schedule F (Form 990) 2022

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	5,204.	EFT			
(2)			NORTH AMERICA	SUSTAINABLE FOREST MGMT	5,229.	EFT			
(3)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	5,264.	EFT			
(4)			NORTH AMERICA	SUSTAINABLE CONSTRUCTION	5,302.	EFT			
(5)			NORTH AMERICA	SUSTAINABLE CONSTRUCTION	5,456.	EFT			
(6)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	5,811.	EFT			
(7)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	5,864.	EFT			
(8)			EAST ASIA/PACIFIC	CERTIFICATIO	5,996.	EFT			
(9)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	6,151.	EFT			
(10)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	6,216.	EFT			
(11)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	6,403.	EFT			
(12)			SUB-SAHARAN AFRICA	FORESTRY ACTIVITY	6,461.	EFT			
(13)			SUB-SAHARAN AFRICA	CHILD LABOUR GENDER RESEA	6,908.	EFT			
(14)			NORTH AMERICA	STUDY FOR PROJECTS	6,984.	EFT			
(15)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	7,530.	EFT			
(16)			SUB-SAHARAN AFRICA	CHILD LABOUR GENDER RESEA	7,706.	EFT			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ 53

3 Enter total number of other organizations or entities ▶ 58

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	FORESTRY ACTIVITY	12,853.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE TION PRACTIC	13,209.	EFT			
(3)			SUB-SAHARAN AFRICA	CHILD LABOUR COCOA FARMS	13,305.	EFT			
(4)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	13,481.	EFT			
(5)			SUB-SAHARAN AFRICA	FARM IMPLEMENTATI	14,318.	EFT			
(6)			NORTH AMERICA	FORESTRY ACTIVITY	14,360.	EFT			
(7)			SUB-SAHARAN AFRICA	CHILD LABOUR GENDER RESEA	14,804.	EFT			
(8)			NORTH AMERICA	FORESTRY ACTIVITY	15,253.	EFT			
(9)			NORTH AMERICA	FORESTRY ACTIVITY	16,557.	EFT			
(10)			NORTH AMERICA	FORESTRY ACTIVITY	17,491.	EFT			
(11)			NORTH AMERICA	FORESTRY ACTIVITY	18,568.	EFT			
(12)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	18,853.	EFT			
(13)			NORTH AMERICA	SUSTAINABLE IMPLEMENTATI	19,008.	EFT			
(14)			SOUTH AMERICA	ACCOUNTABILI INITIATIVE	20,000.	EFT			
(15)			NORTH AMERICA	FORESTRY ACTIVITY	20,406.	EFT			
(16)			NORTH AMERICA	WORKER'S RIGHTS	21,298.	EFT			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	SUSTAINABLE PRACTICES	21,665.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	22,194.	EFT			
(3)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	23,520.	EFT			
(4)			NORTH AMERICA	LOGISTIC SUPPORT	25,000.	EFT			
(5)			SOUTH AMERICA	LOGISTIC SUPPORT	25,000.	EFT			
(6)			SOUTH AMERICA	LOGISTIC SUPPORT	25,000.	EFT			
(7)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	28,731.	EFT			
(8)			SUB-SAHARAN AFRICA	SUSTAINABLE FARMING	28,809.	EFT			
(9)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	29,847.	EFT			
(10)			EUROPE/ICELAND/GREENLAND	SUSTAINABLE CHAIN	30,076.	EFT			
(11)			SOUTH AMERICA	SUSTAINABLE PRACTICES	32,100.	EFT			
(12)			NORTH AMERICA	FORESTRY ACTIVITY	35,695.	EFT			
(13)			NORTH AMERICA	WOMEN RIGHTS	37,190.	EFT			
(14)			NORTH AMERICA	SUSTAINABLE PRACTICES	37,273.	EFT			
(15)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	38,048.	EFT			
(16)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	38,209.	EFT			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	LOGISTIC SUPPORT	38,285.	EFT			
(2)			SUB-SAHARAN AFRICA	SUSTAINABLE PRACTICES	38,472.	EFT			
(3)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	40,000.	EFT			
(4)			CENT. AMERICA/CARIBBEAN	FORESTRY ACTIVITY	40,912.	EFT			
(5)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	40,930.	EFT			
(6)			EUROPE/ICELAND/GREENLAND	SUSTAINABLE CHAINS	42,743.	EFT			
(7)			EAST ASIA/PACIFIC	LOGISTIC SUPPORT	46,030.	EFT			
(8)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	47,649.	EFT			
(9)			EAST ASIA/PACIFIC	SUSTAINABLE PRACTICES	47,720.	EFT			
(10)			CENT. AMERICA/CARIBBEAN	LOGISTIC SUPPORT	49,702.	EFT			
(11)			EAST ASIA/PACIFIC	SUPPORT	49,725.	EFT			
(12)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	49,742.	EFT			
(13)			EAST ASIA/PACIFIC	LOGISTIC SUPPORT	54,034.	EFT			
(14)			NORTH AMERICA	LOGISTIC SUPPORT	54,163.	EFT			
(15)			SUB-SAHARAN AFRICA	FORESTRY ACTIVITY	55,583.	EFT			
(16)			EAST ASIA/PACIFIC	LOGISTIC SUPPORT	59,548.	EFT			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	FORESTRY ACTIVITY	62,189.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	WOMEN RIGHTS	67,195.	EFT			
(3)			EUROPE/ICELAND/GREENLAND	LOGISTIC SUPPORT	67,525.	EFT			
(4)			EUROPE/ICELAND/GREENLAND	SUSTAINABLE PRACTICES	69,096.	EFT			
(5)			NORTH AMERICA	LANDSCAPE MANAGEMENT	72,709.	EFT			
(6)			CENT. AMERICA/CARIBBEAN	WOMENS RIGHT	76,145.	EFT			
(7)			EAST ASIA/PACIFIC	SUSTAINABLE PRACTICES	79,010.	EFT			
(8)			CENT. AMERICA/CARIBBEAN	SUPPORT	81,544.	EFT			
(9)			SUB-SAHARAN AFRICA	LOGISTIC SUPPORT	96,480.	EFT			
(10)			SUB-SAHARAN AFRICA	FORESTRY ACTIVITY	100,000.	EFT			
(11)			SUB-SAHARAN AFRICA	SUPPORT	111,923.	EFT			
(12)			SUB-SAHARAN AFRICA	SUSTAINABLE PRACTICES	118,622.	EFT			
(13)			SUB-SAHARAN AFRICA	HUMAN RIGHTS	142,064.	EFT			
(14)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE PRACTICES	145,688.	EFT			
(15)			CENT. AMERICA/CARIBBEAN	SUPPORT	146,678.	EFT			
(16)			SUB-SAHARAN AFRICA	SUPPORT	149,068.	EFT			

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

3 Enter total number of other organizations or entities ▶ _____

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	TECHNICAL IM SUPPORT	172,244.	EFT			
(2)			NORTH AMERICA	FORESTRY ACTIVITY	176,633.	EFT			
(3)			SUB-SAHARAN AFRICA	ACF	182,039.	EFT			
(4)			SUB-SAHARAN AFRICA	HUMAN RIGHTS	193,870.	EFT			
(5)			CENT. AMERICA/CARIBBEAN	SUPPORT	208,440.	EFT			
(6)			CENT. AMERICA/CARIBBEAN	FORESTRY ACTIVITY	225,000.	EFT			
(7)			SUB-SAHARAN AFRICA	FORESTRY ACTIVITY	269,358.	EFT			
(8)			SUB-SAHARAN AFRICA	SUSTAINABLE PRACTICES	314,903.	EFT			
(9)			SUB-SAHARAN AFRICA	SUPPORT	321,263.	EFT			
(10)			SUB-SAHARAN AFRICA	SUSTAINABLE PRACTICES	397,235.	EFT			
(11)			CENT. AMERICA/CARIBBEAN	SUPPORT	465,841.	EFT			
(12)			SOUTH AMERICA	LOGISTIC SUPPORT	472,466.	EFT			
(13)			CENT. AMERICA/CARIBBEAN	SUPPORT	670,233.	EFT			
(14)			CENT. AMERICA/CARIBBEAN	SUPPORT	1,325,372.	EFT			
(15)			EUROPE/ICELAND/GREENLAND	SUPPORT	12,864,492.	EFT			
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S. PRIOR TO THE AWARDING OF A SUBGRANT, PROSPECTIVE AWARD RECIPIENTS COMPLETE A PRE-AWARD RISK SURVEY, ALLOWING RA TO DESIGN MONITORING ACTIVITIES BASED UPON THE SUBRECIPIENT'S RISK LEVEL. THESE MONITORING ACTIVITIES AND ANY DONOR-SPECIFIC ADDITIONAL REPORTING REQUIREMENTS ARE INCORPORATED INTO SUBGRANT CONTRACTS AND/OR ARE DOCUMENTED WITHIN THE SUBGRANT FILE. SUBRECIPIENTS ARE CONTRACTUALLY OBLIGATED TO PROVIDE PERIODIC SUBSTANTIVE FINANCIAL AND NARRATIVE REPORTS FOR COST REIMBURSIBLE AWARDS. FOR FIXED OBLIGATION GRANTS, SUBRECIPIENTS ARE OBLIGATED TO SUBMIT PROJECT MILESTONES AND ASSOCIATED VERIFICATION FOR PAYMENT. PROJECT REPORTS AND ASSOCIATED BACKUP DOCUMENTATION AND CONTRACTS, INCLUDING DONOR CONTRACTS, ARE ELECTRONICALLY ARCHIVED. RA PROGRAM PERSONNEL - US-BASED AND INTERNATIONAL - ACTIVELY MAINTAIN AND MANAGE RELATIONSHIPS WITH SUBRECIPIENTS, MAKE SITE VISITS AS REQUIRED OR NEEDED, REVIEW FINANCIAL AND NARRATIVE REPORTS, MONITOR ADDITIONAL REPORTING AND OTHER

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).

AWARD/SUBRECIPIENT-SPECIFIC REQUIREMENTS, AND PROVIDE FEEDBACK TO SUBGRANTEES AND RA MANAGEMENT. RA'S EVALUATION & RESEARCH TEAM ANALYZES REPORTS AS REQUIRED/NEEDED. ALL SITE VISITS ARE RECORDED AND DOCUMENTED WITHIN THE SUBGRANT FILE. RELEASE OF FURTHER SUB-GRANT FUNDING DISTRIBUTIONS IS CONTINGENT ON RA'S ACCEPTANCE OF REPORTS AND OTHER VERIFICATION DOCUMENTATION, AND COMPLIANCE WITH ADDITIONAL REPORTING AND OTHER AWARD/SUBRECIPIENT-SPECIFIC REQUIREMENTS. INTERNAL AND EXTERNAL SUBGRANT COMPLIANCE IS MONITORED BY THE CONTRACTS & GRANTS ADMINISTRATION TEAM. THE TEAM PROVIDES SUBGRANTEE MONITORING TRAINING TO RA PROGRAM PERSONNEL, AND PROVIDES COMPLIANCE AND OTHER TRAINING TO ACTUAL SUBGRANTEES. THEY UNDERTAKE REGULAR COMPLIANCE REVIEWS AND REPORT FINDINGS TO PROGRAM AND RA MANAGEMENT.

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3(E)

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

CENTRAL AMERICA/CARIBBEAN

EAST ASIA AND THE PACIFIC

EUROPE

MIDDLE EAST

NORTH AMERICA

SOUTH AMERICA

SUB-SAHARAN AFRICA

SOUTH ASIA

MIDDLE EAST

Part V Supplemental Information

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

SCHEDULE F, PART III, LINE 1

IN 2022, KLEINHANS FELLOWSHIP FUNDS WERE AWARDED TO AN INDIVIDUAL WHOSE
WORK STUDIES THE GOVERNANCE OF RURAL FORESTS IN VERACRUZ, A HIGHLY
DEFORESTED STATE IN MEXICO, AND AN INDIVIDUAL WHOSE WORK STUDIES INFORMAL
LAND TENURE ARRANGEMENTS ON COMMUNITY FORESTRY ENTERPRISES IN PERU.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				NONE	183,810.	NONE

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WOMEN ALLIANCE (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	55,133.		55,133.
	2	Less: Contributions	50,883.		50,883.
	3	Gross income (line 1 minus line 2)	4,250.		4,250.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	51,939.		51,939.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,901.		11,901.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			63,840.
11	Net income summary. Subtract line 10 from line 3, column (d)			-59,590.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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

=====

NAME:

JOEL D ALTER

ADDRESS:

11 FINGER STREET
SAUGERTIES, NY 12477

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

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

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

JO MILES DIGITAL LLC

ADDRESS:

8547 BRADFORD ROAD
SILVER SPRING, MD 20901

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

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

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

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

NAME:

BEE MEASURE LLC

ADDRESS:

2319 HIGHLAND AVENUE
CHARLOTTESVILLE, VA 22903

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

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

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

SOFIA PEREZ

ADDRESS:

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

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

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

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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 the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MERIDIAN INSTITUTE 105 VILLAGE PLACE DILLON, CO 80435	84-1435420	501(C)(3)	119,557.				LOGISTIC & STRATEGIC SUPPORT
(2) CONSERVATION INT FOUNDATION 2011 CRYSTAL DRIVE ARLINGTON, VA 22202	52-1497470	501(C)(3)	310,499.				LANDSCAPE MANAGEMENT
(3) VERRA 1 THOMAS CIRCLE WASHINGTON, DC 20005	27-0566795	501(C)(3)	168,177.				LOGISTIC SUPPORT
(4) ECOAGRICULTURE INTERNATIONAL 3057 NUTLEY ST #193 FAIRFAX, VA 22031	20-2349382	501(C)(3)	478,518.				M&E
(5) BENEFICIENT TECHNOLOGY, INC. 480 CALIFORNIA AVE #201 PALO ALTO, CA 94306	77-0555413	501(C)(3)	110,430.				LOGISTIC SUPPORT
(6) CDP-NORTH AMERICA 127 W 26TH STREET NEW YORK, NY 10001	36-4709977	501(C)(3)	584,263.				FORESTRY ACTIVITY
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 KLEINHANS FELLOWSHIP	2	10,000.			
2					
3					
4					
5					
6					
7					

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

13-3377893

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

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

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

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

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THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE MEMBERS OF THE BOARD OF DIRECTORS EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST WITH RESPECT TO EXECUTIVE COMPENSATION. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE CEO AND CFO. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE CEO WITH ASSISTANCE FROM OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE POSITIONS, PERSONNEL

Part III Supplemental Information

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REVIEWS AND EVALUATIONS.

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Internal Revenue Service

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FORM 990, PART III, LINE 1

FOUNDED IN 1987, THE RAINFOREST ALLIANCE'S MISSION IS TO CONSERVE BIODIVERSITY AND ENSURE SUSTAINABLE LIVELIHOODS BY TRANSFORMING LAND-USE PRACTICES, BUSINESS PRACTICES, AND CONSUMER BEHAVIOR. WE ENVISION A WORLD WHERE PEOPLE CAN THRIVE AND PROSPER IN HARMONY WITH THE LAND. THE CORE OF OUR APPROACH LIES IN LEVERAGING MARKET DEMAND FOR SUSTAINABLE PRODUCTS TO CONSERVE BIODIVERSITY AND ENHANCE LOCAL LIVELIHOODS. FROM LARGE MULTINATIONAL CORPORATIONS TO SMALL, COMMUNITY-BASED COOPERATIVES, WE INVOLVE PRODUCERS, BUSINESSES AND CONSUMERS ALL ALONG THE VALUE CHAIN IN EFFORTS TO BRING RESPONSIBLY PRODUCED GOODS AND SERVICES TO A GLOBAL MARKETPLACE IN WHICH THE DEMAND FOR SUSTAINABILITY IS GROWING STEADILY. SINCE OUR FIRST EFFORTS IN CENTRAL AMERICA OVER 30 YEARS AGO, THE RAINFOREST ALLIANCE HAS GROWN INTO A GLOBAL INNOVATOR OF MARKET-BASED SOLUTIONS FOR CONSERVATION AND ECONOMIC DEVELOPMENT, AND WE ARE CURRENTLY WORKING IN MORE THAN APPROXIMATELY 80 COUNTRIES. THE RAINFOREST ALLIANCE IS ACTIVE IN MULTIPLE SECTORS - INCLUDING FORESTRY, AGRICULTURE, TOURISM AND CARBON/CLIMATE - PROVIDING TECHNICAL ASSISTANCE AND CERTIFICATION SERVICES TO PRODUCERS, WHILE WORKING WITH BOTH LOCAL ENTERPRISES AND DOMESTIC AND INTERNATIONAL BUYERS TO INCREASE THE COMPETITIVENESS OF SUSTAINABLE BUSINESS.

RAINFOREST ALLIANCE HOLDING, INC. WAS FORMED ON JANUARY 1, 2018 TO SERVE AS THE COMMON NON-PROFIT PARENT CORPORATION PROVIDING CENTRALIZED GOVERNANCE AND OVERSIGHT OVER 2 WHOLLY-OWNED NON-PROFIT ENTITIES: 1) RAINFOREST ALLIANCE, INC, A NEW YORK CORPORATION AND SECTION 501(C)(3)

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

FORM 990, PART III, LINE 4A

CERTIFICATION & BEYOND

THIS YEAR RA DEEPENED THE SUPPORT FOR FARMERS AND SUPPLY CHAIN
CERTIFICATE HOLDERS AS THEY TRANSITIONED TO THE CERTIFICATION PROGRAM
THAT WE LAUNCHED IN 2020. ALREADY MORE AMBITIOUS THAN PREVIOUS
ITERATIONS, THE PROGRAM AND ITS ROLLOUT WERE FURTHER CHALLENGED BY THE
COVID-19 PANDEMIC AND SEVERE WEATHER EVENTS. THAT'S WHY WE ENGAGED IN
ROBUST, ON-GOING DIALOGUE WITH PARTNERS, USING THEIR FEEDBACK TO INNOVATE
TARGETED SUPPORT. WE INCREASED THE NUMBER OF TRAININGS, RESOURCES, AND
GUIDANCE, TAILORING THEM TO THE NEEDS OF PARTNERS; WE SIMPLIFIED TOOLS
AND REQUIREMENTS; AND EXTENDED TRANSITION DEADLINES. WE GRANTED ALMOST
5,000 LICENSES TO CERTIFICATE HOLDERS IN 2022. BUILDING ON OUR DECADES OF
EXPERIENCE IN CERTIFICATION, WE'RE SCALING OUR AMBITIONS THROUGH
CROSS-SECTOR PARTNERSHIPS AND FARMER-FOCUSED INNOVATION.

CERTIFICATION HIGHLIGHTS FROM 2022:

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

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

- STRENGTHENING WORKERS' RIGHTS ON CERTIFIED FARMS

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

- A WIN FOR SMALLHOLDERS IN DEFORESTATION-FREE REGULATION

OUR CERTIFICATION PROGRAM AIMS TO HELP STOP DEFORESTATION, WITH STRICT PROHIBITIONS ON FARM EXPANSION INTO NEARBY FORESTS AND REQUIREMENTS FOR COLLECTING DATA ON FARM BORDERS. THIS YEAR, 2.7 MILLION FARMS WERE MAPPED FOR THIS PURPOSE. BUT CERTIFICATION ALONE CANNOT STOP DEFORESTATION, WHICH IS ONE REASON WE WORKED WITH PARTNERS, INCLUDING THE EU COCOA COALITION, THROUGHOUT 2022 TO HELP SHAPE THE EUROPEAN UNION DEFORESTATION

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REGULATION (EUDR). ONE OF OUR GOALS WAS TO ENSURE PROVISION FOR
SMALLHOLDER FARMERS IN THE REGULATION TEXT. THANKS IN PART TO THIS WORK,
THE FINAL LAW (AGREED UPON IN DECEMBER 2022) INCLUDES CAPACITY-BUILDING
FOR SMALLHOLDERS AMONG THE RECOMMENDED LIST OF ACTIONS COMPANIES MAY
UNDERTAKE AS PART OF THEIR DUE DILIGENCE OBLIGATION. THE EUROPEAN
COMMISSION HAS ALSO COMMITTED TO DEVELOP A STRATEGIC FRAMEWORK THAT
SUPPORTS PRODUCERS IN THE IMPLEMENTATION OF THE EUDR. OUR DEEP,
LONGSTANDING CONNECTIONS WITH SMALL-SCALE FARMERS AROUND THE WORLD GUIDED
OUR EFFORTS TO SHAPE THIS LAW.

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

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

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

- PLANTING SEEDS IN OUR GROWTH SECTORS
WHILE THE RAINFOREST ALLIANCE IS PERHAPS BEST KNOWN FOR CERTIFYING MAJOR
CROPS LIKE COFFEE, TEA, COCOA, AND FRUIT, WE ALSO CERTIFY 250 OTHER

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CROPS.

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

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

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LANDSCAPES AND COMMUNITIES

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

UPLIFTING WOMEN TO HELP LANDSCAPES THRIVE IN CAMEROON
WHEN WOMEN LEAD, IT BENEFITS FAMILIES, COMMUNITIES, AND ENTIRE LANDSCAPES. IN TWO OF CAMEROON'S MOST IMPORTANT BIODIVERSITY HOTSPOTS-THE WESTERN HIGHLANDS AND DJA RESERVE-THE RAINFOREST ALLIANCE IS WORKING TO STRENGTHEN COMMUNITY-LED LANDSCAPE MANAGEMENT AND PROMOTE WOMEN AS SUSTAINABILITY CHAMPIONS. OUR GOALS INCLUDE HELPING THESE COMMUNITIES ESTABLISH LANDSCAPE MANAGEMENT BOARDS (LMBS) WITH AT LEAST 30 PERCENT WOMEN'S PARTICIPATION, AND BOOSTING WOMEN-LED LOCAL ENTERPRISES.

OUR CAMEROON TEAM HAS WORKED HARD TO ADDRESS THE EVERYDAY HURDLES THAT LOCAL WOMEN FACE AND TO OPEN UP NEW OPPORTUNITIES FOR LEADERSHIP ROLES. WE CREATED WORKSHOP SPACES THAT ARE CHILD- AND INFANT-FRIENDLY, ENGAGED DIRECTLY WITH TRADITIONAL AUTHORITIES AND PARTICIPANTS' HUSBANDS AND FAMILY MEMBERS TO ENSURE THEY EMBRACE THE WOMEN'S EFFORTS, AND MORE. IN 2022, WE REACHED SOME MAJOR MILESTONES. THE COMMUNITY-RUN LMBS ARE FULLY FUNCTIONING ACROSS NINE MUNICIPALITIES WITH AN AVERAGE OF 32 PERCENT WOMEN'S PARTICIPATION-A NUMBER THAT'S ALREADY HIGHER THAN OUR ORIGINAL TARGET. ADDITIONALLY, FIVE WOMEN-LED BUSINESSES (SELLING AGRICULTURAL AND FOREST PRODUCTS) ARE RECEIVING REGULAR SUPPORT FOR

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IMPROVED BUSINESS MANAGEMENT.

COP27 SIDE EVENT: LAND RESTORATION PROTECTS PEOPLE AND NATURE

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

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

WHAT IS "INTEGRATED LANDSCAPE MANAGEMENT" (ILM)?

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

LAUNCHING THE LANDSCALE PLATFORM

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

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ENVIRONMENTAL RISKS (SUCH AS DEFORESTATION OR LAND CONFLICT) AND INVEST
IN, MONITOR, MEASURE, AND COMMUNICATE THEIR SUSTAINABILITY IMPACTS AT THE
LANDSCAPE LEVEL. AFTER A THREE-YEAR PILOT PHASE, LANDSCALE OFFICIALLY
LAUNCHED ITS ONLINE PLATFORM IN APRIL 2022.

HARNESSING A GLOBAL VILLAGE TO TACKLE CHILD LABOR

THE WORLD HAS SEEN A POST-COVID SPIKE IN CHILD LABOR CASES, BUT AS THE
EXPERIENCES OF OUR "GLOBAL VILLAGE" SHOW, WE CAN MAKE HUGE STRIDES TO
CHANGE THE COURSE. BY BRINGING TOGETHER PARENTS, TEACHERS, FARMERS,
GOVERNMENTS, NGOS, BUSINESSES, AND MILLIONS OF INDIVIDUALS, WE AIM TO
ENSURE THAT ALL CHILDREN GROW UP IN DIGNITY.

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

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

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PROGRAM

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

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

FOREST ALLIES: A UNIQUE PARTNERSHIP BETWEEN LOCAL COMMUNITIES AND
COMPANIES

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

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

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OPPORTUNITY FOR HOLISTIC COLLABORATION AND, FOR COMPANIES, IMPACTFUL
INVESTMENT IN THE REGIONS THEY SOURCE FROM AND BEYOND.
OUR COMPANY PARTNERS HELP US FINANCE THIS WORK; THEIR INITIAL INVESTMENTS
HELPED US SECURE AN ADDITIONAL US\$2.4 MILLION IN DONOR FUNDING.

FORM 990, PART III, LINE 4B

2030 VISION

A SYSTEMIC APPROACH IS NEEDED - A TRANSFORMATIVE GLOBAL ALLIANCE THAT
PUTS RURAL COMMUNITIES AT THE HEART OF THE SOLUTION. WE ACCELERATE CHANGE
AT THE SPEED AND SCALE THE WORLD NEEDS.

THE THREE PILLARS OF THIS APPROACH ARE:

. REGENERATIVE AGRICULTURE

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

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

. THRIVING LANDSCAPES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

13-3377893

WE WILL FOCUS THE FULL POWER OF OUR ALLIANCE ON FIVE KEY LANDSCAPES
ACROSS LATIN AMERICA, AFRICA, AND ASIA. THESE ARE ALL PLACES OF EXTREMELY
HIGH ENVIRONMENTAL VALUE, WHERE THREATS TO PEOPLE AND NATURE INTERSECT ON
A DAILY BASIS.

TO MAXIMIZE OUR IMPACT, WE NEED AN INCLUSIVE AND INTEGRATED APPROACH.
THIS MEANS BRINGING ALL LANDSCAPE USERS TOGETHER-AND ALL TOOLS AT OUR
DISPOSAL-BEHIND A SHARED VISION FOR SYSTEM CHANGE.

. IMPACT DATA

AMBITION IS ONE THING AND ACCOUNTABILITY IS ANOTHER. THAT'S WHY WE NEED
TO TRACK OUR IMPACTS-AND DO SO TRANSPARENTLY.

THE RAINFOREST ALLIANCE IS COMMITTED TO BUILDING ONE INTEGRATED DATA
SYSTEM FOR ALL OUR PROGRAMS, FROM FARM TO LANDSCAPE LEVEL. THIS, IN TURN,
WILL UNLOCK FURTHER OPPORTUNITIES FOR IMPACT AND SMART INVESTMENTS ACROSS
GLOBAL VALUE CHAINS.

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

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

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2022

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ESPECIALLY PROUD THAT "NOTHING GOES TO WASTE ON OUR FARM," SINCE HE NOW
TURNS LIVESTOCK MANURE INTO HOUSEHOLD BIOGAS AND ORGANIC FERTILIZER. WHEN
NINE DAYS OF HEAVY RAINS DEVASTATED A COMMUNITY IN ENDE, EAST NUSA
TENGGARA, LOCAL COCOA FARMERS JOINED FORCES WITH THE RAINFOREST ALLIANCE
TO REBUILD THEIR LIVELIHOODS-AND PREPARE FOR FUTURE CLIMATE SHOCKS.
TOGETHER WITH OUR PARTNER NGO RIKOLTO, WE RAN TRAININGS IN CLIMATE-SMART
FARMING TECHNIQUES FOCUSED ON FLOOD PREVENTION AND CROP HEALTH- FROM
SEASONAL PRUNING AND MULCHING TO DIGGING "RORAK" PITS TO COLLECT
RAINWATER RUNOFF. THIS WORK IS PART OF OUR WIDER INITIATIVE TO IMPROVE
THE LIVELIHOODS OF COCOA FARMERS IN SEVEN REGIONS ACROSS INDONESIA. IN
2022, WE TRAINED 1,690 SMALLHOLDERS IN KEY SKILLS, INCLUDING CLIMATE
RESILIENCE, GENDER EQUALITY AWARENESS, FARMING AS A BUSINESS, AND COCOA
FERMENTATION.

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

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

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

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

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Inspection**

Employer identification number

13-3377893

COUNSEL REVIEWS THE DRAFT 990 WITH RESPECT TO ANY QUESTIONS INVOLVING LEGAL MATTERS. THE DRAFT FORM 990 IS DISTRIBUTED TO EACH OF THE ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF FILING. THE CFO OVERSEES ANY REVISIONS BEFORE THE FINAL FORM 990 IS FILED.

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

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

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

THE ORGANIZATION HAS DEVELOPED SALARY ADMINISTRATION GUIDELINES (THE "GUIDELINES") THAT APPLY IN SETTING THE COMPENSATION OF ALL OF ITS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

13-3377893

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

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.

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

FORM 8858

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

FINANCIAL STATEMENTS

THE FINANCIAL STATEMENTS ARE PREPARED ON A CONSOLIDATED BASIS TO INCLUDE ALL OF THE ASSETS, LIABILITIES, NET ASSETS, REVENUES AND EXPENSES OF ALL BRANCHES AND AFFILIATES, WHICH FOR TAX PURPOSES ARE DISREGARDED ENTITIES, OF THE RAINFOREST ALLIANCE, INC.

FORM 990, PART V, LINE 4B

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

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

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

=====

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

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AR, CA, CO, CT,
FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

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

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

FORM 990, PART IX - OTHER FEES

=====

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
-----	-----	-----	-----	-----
CONSULTING	8,642,415.	5,685,131.	2,967,299.	-10,015.
TOTALS	----- 8,642,415. -----	----- 5,685,131. -----	----- 2,967,299. -----	----- -10,015. -----

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

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

**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

2022

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RAINFOREST ALLIANCE MEXICO-ALIANZA 98-1051195 AV MAZATLAN N 66, COL. CONDESA CIUDAD DE MEXICO, MX 0614	L&L	MX	3,345,689.	822,992.	RA
(2) RAINFOREST ALLIANCE LTD 98-1051166 GREEN HOUSE, CAMBRIDGE HEATH R LONDON, UK E2 9DA	L&L/MARKETS	UK	2,344,957.	133,690.	RA
(3) RAINFOREST ALLIANCE (GHANA) 98-1051463 HSE NO. 36 ABOTSI STREET EAST LEGON, ACCRA, GH	L&L/RE CERT	GH	1,406,931.	137,346.	RA
(4) PT RAINFOREST ALLIANCE 98-1051106 JI BATURSARI NO.31, MEDURA DENPASAR SELATAN, BALI ID	RE CERT/L&L	ID	68,796.	1,008,319.	RA
(5) RAINFOREST ALLIANCE CANADA 98-1051454 285 MCLEOD STREET OTTAWA, ONTARIO CA K2P1A1	INACTIVE	CA		NONE	RA
(6) RAINFOREST ALLIANCE TRADING LTD 98-1069583 GREEN HOUSE, CAMBRIDGE HEATH R LONDON, UK E2 9DA	INACTIVE	UK		NONE	RA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) RAINFOREST ALLIANCE HOLDING, INC. 82-4110897 27 EAST 28TH STREET, 8TH FLOOR NEW YORK, NY 10016	SUSTAINABILIT	DE	501(C)(3)	7	N/A		x
(2) STICHTING RAINFOREST ALLIANCE DE RUYTERKADE 6 AMSTERDAM, NL 1013 AA	SUSTAINABILIT	NL			RA HOLDING		x
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

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

Form **8858**

(Rev. September 2021)

Department of the Treasury
Internal Revenue Service**Information Return of U.S. Persons With Respect to Foreign
Disregarded Entities (FDEs) and Foreign Branches (FBs)**▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

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

beginning 01/01/2022, and ending 12/31/2022

OMB No. 1545-1910

Attachment
Sequence No. **140**

Name of person filing this return

RAINFOREST ALLIANCE, INC.

Filer's identifying number

13-3377893

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

27 WEST 28TH STREET, 8TH FLOOR

City or town, state, and ZIP code

NEW YORKNY 10016

Filer's tax year beginning

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

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

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

1a Name and address of FDE or FB PT RAINFOREST ALLIANCEJT BARUSARI NO. 31, MEDURAKOTA DENPASARBALI80228INDONESIA**b(1)** U.S. identifying number, if any98-1051106**b(2)** Reference ID number (see instructions)98-1051106A**c** For FDE, country(ies) under whose laws organized and entity type under local tax lawINDONESIA**d** Date(s) of organization08/23/2002**e** Effective date as FDE08/23/2002**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number**g** Country in which principal business activity is conductedINDONESIA**h** Principal business activityRA CERT/L&L**i** Functional currencyIDR**2** Provide the following information for the FDE's or FB's accounting period stated above.**a** Name, address, and identifying number of branch office or agent (if any) in the United StatesRAINFOREST ALLIANCE, INC. C/O N. ADBELHALIM27 WEST 28TH STREET, 8TH FLOORNEW YORKNY 1001613-3377893**b** Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if differentRAINFOREST ALLIANCE SRL C.O PEPY TANJT BARUSARI NO. 31, MEDURA 80228KOTA DENPASARBALI ID**3** For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):**a** Name and address**b** Annual accounting period covered by the return (see instructions)**c(1)** U.S. identifying number, if any**c(2)** Reference ID number (see instructions)**d** Country under whose laws organized**e** Functional currency**4** For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):**a** Name and address**b** Country under whose laws organized**c** U.S. identifying number, if any**d** Functional currency**5** Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

For Paperwork Reduction Act Notice, see the separate instructions.

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

JSA

2X4060 1.000

27637U M998

V22-7.7F 3018000

Schedule C Income Statement (see instructions)

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1 1,021,330,907.	68,796.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 1,021,330,907.	68,796.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9 5,862,598,653.	394,898.
10 Total income (add lines 3 through 9)	10 6,883,929,560.	463,694.
11 Total deductions (exclude income tax expense)	11 6,642,534,476.	447,434.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14 241,395,084.	16,260.

Schedule C-1 Section 987 Gain or Loss Information

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

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

Schedule F Balance Sheet

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

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

Schedule G Other Information

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

Schedule G Other Information (continued)

Table with 3 columns: Question, Yes, No. Contains questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 10c, 10d, 10e, 10f, 10g, 10h, 10i, 10j, 10k, 10l, 10m, 10n, 10o, 10p, 10q, 10r, 10s, 10t, 10u, 10v, 10w, 10x, 10y, 10z, 11a, 11b, 11c, 11d, 11e, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z, 12a, 12b, 12c, 12d, 12e, 12f, 12g, 12h, 12i, 12j, 12k, 12l, 12m, 12n, 12o, 12p, 12q, 12r, 12s, 12t, 12u, 12v, 12w, 12x, 12y, 12z, 13a, 13b.

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

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

Table with 3 columns: Line number, Description, Amount. Contains lines 1 through 8 with numerical values.

Schedule I Transferred Loss Amount (see instructions)

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

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

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

**SCHEDULE M
(Form 8858)**

(Rev. September 2021)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

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

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

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

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

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

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

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

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Form **8858**

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

OMB No. 1545-1910

(Rev. September 2021)

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

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)
beginning 01/01/2022, and ending 12/31/2022

Attachment
Sequence No. **140**

Name of person filing this return

Filer's identifying number

RAINFOREST ALLIANCE, INC.

13-3377893

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

27 WEST 28TH STREET, 8TH FLOOR

City or town, state, and ZIP code

NEW YORK

NY 10016

Filer's tax year beginning

, and ending

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

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

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

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

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

a Name, address, and identifying number of branch office or agent (if any) in the United States <u>RAINFOREST ALLIANCE, INC. C/O N. ABDELHALIM</u> <u>27 WEST 28TH STREET, 8TH FLOOR</u> <u>NEW YORK</u> <u>NY 10016</u> <u>13-3377893</u>	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different <u>RAINFOREST ALLIANCE MEXICO C/O CLARA GARCIA</u> <u>MAZATIAN 66, COL. CONDESA 06140</u> <u>MEXICO CITY</u> <u>MX</u>
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3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule C Income Statement (see instructions)

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	67,278,989.	3,345,689.
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)	67,278,989.	3,345,689.
4 Dividends		
5 Interest		
6 Gross rents, royalties, and license fees		
7 Gross income from performance of services		
8 Foreign currency gain (loss)		
9 Other income	127,583.	6,345.
10 Total income (add lines 3 through 9)	67,406,572.	3,352,034.
11 Total deductions (exclude income tax expense)	75,852,012.	3,772,014.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books	-8,445,440.	-419,980.

Schedule C-1 Section 987 Gain or Loss Information

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

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

Schedule F Balance Sheet

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

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

Schedule G Other Information

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

Schedule G Other Information (continued)

		Yes	No
6	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
<i>Do not complete lines 7 and 8 if you are an individual who owns an FB or FDE directly or through tiers of FBs and FDEs.</i>			
7a	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 7b and 7c		X
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
8a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer? See instructions. If "Yes," complete lines 8b and 8c.		X
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
9	<i>Answer only if the tax owner of the FDE or FB is a CFC:</i> 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? <i>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. Answer questions 10a through 11c if the tax owner of the FB or the interest in the FDE is treated as a U.S. corporation solely for purposes of these questions.</i>		
10a	If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is 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 . ▶ \$ (_____)		
c	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		
c	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		
e	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.		

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

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

1	Current year net income (loss) per foreign books of account	1	-8,445,440.
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)	4	-8,445,440.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	-8,445,440.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions)).	7	-419,980.
8	Enter exchange rate used for line 7. ▶ 20.1092		

Schedule I Transferred Loss Amount (see instructions)

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

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

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

**SCHEDULE M
(Form 8858)**

(Rev. September 2021)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

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

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

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

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

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

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

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

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Form **8858**

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

OMB No. 1545-1910

(Rev. September 2021)

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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **140**

Name of person filing this return

Filer's identifying number

RAINFOREST ALLIANCE, INC.

13-3377893

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

27 WEST 28TH STREET, 8TH FLOOR

City or town, state, and ZIP code

NEW YORK

NY 10016

Filer's tax year beginning

, and ending

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

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

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB RAINFOREST ALLIANCE GHANA

HOUSE NO. 36, ABOTSI STREET

EAST LEGON, ACCRA KA 9714

GHANA

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

98-1051463

b(2) Reference ID number (see instructions)

98-1051463A

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

GHANA

d Date(s) of organization

03/16/2010

e Effective date as FDE

03/16/2010

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 which principal business activity is conducted

GHANA

h Principal business activity

L&L/RA CERT

i Functional currency

USD

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

a Name, address, and identifying number of branch office or agent (if any) in the United States

RAINFOREST ALLIANCE, INC. C/O N. ABDELHALIM

27 WEST 28TH STREET, 8TH FLOOR

NEW YORK

NY 10016

13-3377893

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different

RAINFOREST ALLIANCE, INC. C/O ROBERT ODOM

HOUSE NO. 36 ABOTSI STREET KA 9714

EAST LEGON

ACCRA GH

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

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

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

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule C Income Statement (see instructions)

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	1,406,931.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	1,406,931.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	1,406,931.
11 Total deductions (exclude income tax expense)	11	1,411,857.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	-4,926.

Schedule C-1 Section 987 Gain or Loss Information

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

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

Schedule F Balance Sheet

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

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 169,995.	96,341.
2 Other assets	2 6,763.	41,004.
3 Total assets	3 176,758.	137,345.
Liabilities and Owner's Equity		
4 Liabilities	4 309,188.	220,037.
5 Owner's equity	5 -132,430.	-82,692.
6 Total liabilities and owner's equity	6 176,758.	137,345.

Schedule G Other Information

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

Schedule G Other Information (continued)

Table with 2 columns: Question/Description and Yes/No. Includes questions 6, 7a, 7b, 7c, 8a, 8b, 8c, 9, 10a, 10b, 11a, 11b, 11c, 12a, 12b, 12c, 12d, 12e, 13a, 13b.

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

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

Table with 2 columns: Line Number and Amount. Includes lines 1 through 8 with corresponding descriptions and values.

Schedule I Transferred Loss Amount (see instructions)

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

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

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

**SCHEDULE M
(Form 8858)**

(Rev. September 2021)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

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

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

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

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

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

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

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

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Form **8858**

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

OMB No. 1545-1910

(Rev. September 2021)

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

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **140**

Name of person filing this return

Filer's identifying number

RAINFOREST ALLIANCE, INC.

13-3377893

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

27 WEST 28TH STREET, 8TH FLOOR

City or town, state, and ZIP code

NEW YORK

NY 10016

Filer's tax year beginning _____, and ending _____

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

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

Check here Initial 8858 Final 8858

1a Name and address of FDE or FB RAINFOREST ALLIANCE, LTD UK
THE GREEN HOUSE, CAMBRIDGE HEATH RD
LONDON E2 9DA
UNITED KINGDOM

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

98-1051166

b(2) Reference ID number (see instructions)

98-1051166A

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

d Date(s) of organization

e Effective date as FDE

UNITED KINGDOM

02/26/2010

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 which principal business activity is conducted

h Principal business activity

i Functional currency

UNITED KINGDOM

L&L/MARKETS

GBP

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

a Name, address, and identifying number of branch office or agent (if any) in the United States
RAINFOREST ALLIANCE, INC. C/O N. ABDELHALIM
27 WEST 28TH STREET, 8TH FLOOR
NEW YORK NY 10016
13-3377893

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON
THE GREEN HOUSE, CAMBRIDGE HEATH RD E2 9DA
LONDON
ENGLAND UK

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

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

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

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule C Income Statement (see instructions)

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

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1 1,902,404.	2,344,957.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 1,902,404.	2,344,957.
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10 1,902,404.	2,344,957.
11 Total deductions (exclude income tax expense)	11 1,902,404.	2,344,957.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

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

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

Schedule F Balance Sheet

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

	(a) Beginning of annual accounting period	(b) End of annual accounting period
Assets		
1 Cash and other current assets	1 73,763.	133,690.
2 Other assets	2	
3 Total assets	3 73,763.	133,690.
Liabilities and Owner's Equity		
4 Liabilities	4 73,763.	133,690.
5 Owner's equity	5	
6 Total liabilities and owner's equity	6 73,763.	133,690.

Schedule G Other Information

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

Schedule G Other Information (continued)

6 Is the FDE or FB a qualified business unit as defined in section 989(a)?
7a 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?
8a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer?
9 Answer 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 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)?
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)?
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?
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?

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

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

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

Schedule I Transferred Loss Amount (see instructions)

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

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

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

**SCHEDULE M
(Form 8858)**

(Rev. September 2021)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

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

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

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

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

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

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

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

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Form **8858**

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

OMB No. 1545-1910

(Rev. September 2021)

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

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)
beginning 01/01/2022 , and ending 12/31/2022

Attachment
Sequence No. **140**

Name of person filing this return

Filer's identifying number

RAINFOREST ALLIANCE, INC.

13-3377893

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

27 WEST 28TH STREET, 8TH FLOOR

City or town, state, and ZIP code

NEW YORK

NY 10016

Filer's tax year beginning

01/01/2022

, and ending 12/31/2022

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

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

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
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1a Name and address of FDE or FB RAINFOREST ALLIANCE TRADING LTD, UK
THE GREEN HOUSE, CAMBRIDGE HEATH RD
LONDON E2 9DA
UNITED KINGDOM

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

98-1069583

b(2) Reference ID number (see instructions)

98-1069583A

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

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

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

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different
<u>RAINFOREST ALLIANCE, INC. C/O N. ABDELHALIM</u> <u>27 WEST 28TH STREET, 8TH FLOOR</u> <u>NEW YORK NY 10016</u> <u>13-3377893</u>	<u>RAINFOREST ALLIANCE, INC. C/O KYLIE NORTON</u> <u>THE GREEN HOUSE, CAMBRIDGE HEATH RD E2 9DA</u> <u>LONDON</u> <u>UK</u>

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

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

Schedule C Income Statement (see instructions)

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

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

Schedule C-1 Section 987 Gain or Loss Information

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

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

Schedule F Balance Sheet

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

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	
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	

Schedule G Other Information

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

Schedule G Other Information (continued)

6 Is the FDE or FB a qualified business unit as defined in section 989(a)?
7a 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?
8a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person, which is a related party of the taxpayer?
9 Answer 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 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)?
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)?
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?
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?

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

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

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

Schedule I Transferred Loss Amount (see instructions)

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

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

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign Tax Year (YYYY-MM-DD)	(c) Foreign Currency	(d) Conversion Rate	(e) U.S. Dollars	(f) Foreign Branch	(g) Passive	(h) General	(i) Other
Totals								

**SCHEDULE M
(Form 8858)**

(Rev. September 2021)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 8858.**

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

OMB No. 1545-1910

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

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

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

Column headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 21 with respect to the applicable set of column headings.

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

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

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

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