

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

2021

Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" 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				
F Name and address of principal officer: ADAM COX 27 EAST 28TH STREET, 8TH FLOOR, NEW YORK, NY 10016			G Gross receipts \$ 56,132,753.		
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(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)		
J Website: WWW.RAINFOREST-ALLIANCE.ORG			H(c) Group exemption number ▶		
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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	119
	6 Total number of volunteers (estimate if necessary)	6	20
	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)	30,390,804.	26,261,802.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,116,395.	26,750,028.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	716,483.	1,775,330.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	NONE	13,255.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,223,682.	54,800,415.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,428,698.	8,073,606.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	NONE	NONE
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,867,989.	21,492,714.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,704,382.	331,083.	243,134.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,460,908.	14,052,653.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,088,678.	43,862,107.
19 Revenue less expenses. Subtract line 18 from line 12	17,135,004.	10,938,308.	
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)	57,411,025.	72,175,035.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,704,690.	14,397,270.
		44,706,335.	57,777,765.

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 Type or print name and title		INTERIM CFO		
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	11/14/2022		P00234075
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092			
Firm's address ▶ 4600 EAST WEST HWY 900 BETHESDA, MD 20814-3423		Phone no. 301-272-6000			
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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 \$ 22,229,606. including grants of \$ 6,867,444.) (Revenue \$ 41,402.)

LANDSCAPES AND COMMUNITIES (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 11,538,683. including grants of \$ 1,206,162.) (Revenue \$ 24,055,969.)

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 ▶ 33,768,289.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No response. Rows 22-38 cover various organizational requirements and reporting obligations.

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 number, Description, and Yes/No response. Rows 1a-1c cover Form 1096 reporting, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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 119		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	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 SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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? 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? 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.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 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 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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, INTERIM CFO 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, 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 CEO	40.00 NONE			X				265,012.	NONE	44,380.
(2) ALIK ODINGA HINCKSON CFO	40.00 NONE			X				274,799.	NONE	33,412.
(3) ALEX H MORGAN CHIEF MARKETS OFFICER	40.00 NONE				X			240,739.	NONE	32,547.
(4) MOLLY STARK GENERAL COUNSEL	40.00 NONE			X				220,366.	NONE	11,917.
(5) HELEEN S. CRO	40.00 NONE				X			203,937.	NONE	NONE
(6) SUSAN TRESSLER CHIEF EXTERNAL RELATIONS OFCR.	40.00 NONE				X			178,879.	NONE	23,484.
(7) NIGEL SIZER CHIEF PROGRAM OFFICER	40.00 NONE					X		149,632.	NONE	33,574.
(8) MARK MOROGE SENIOR DIRECTOR, LATIN AMERICA	40.00 NONE					X		127,147.	NONE	45,466.
(9) MIGUEL ZAMORA DIRECTOR, MARKETS TRANSF-CORE	40.00 NONE					X		148,859.	NONE	18,302.
(10) APARAJITA BHALLA CHIEF DEVELOPMENT OFFICER	40.00 NONE				X			154,960.	NONE	6,877.
(11) MARIA SALINAS DIRECTOR, GLOBAL FINANCE	40.00 NONE					X		134,055.	NONE	23,231.
(12) JEFFREY MILDER DIRECTOR, GLOBAL PROGRAMS	40.00 NONE					X		139,251.	NONE	7,434.
(13) DANIEL ROGER KATZ DIRECTOR, BOARD CHAIR	1.00 1.00	X		X				NONE	NONE	NONE
(14) ANTONIUS VAN DER LAAN DIRECTOR, VICE CHAIR	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) PETER MARTIN SCHULTE DIRECTOR, TREASURER	1.00 1.00	X		X				NONE	NONE	NONE
(16) LABEEB MAKRAM ABOUD DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(17) TASSO REZENDE DE AZEVEDO DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(18) VANUSIA M. CARNEIRO NOGUEIRA DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(19) SONILA ALICE COOK DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(20) DANIEL JAN COUVREUR DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(21) WENDY GORDON ROCKEFELLER DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(22) NINA HAASE DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(23) MARILU HERNANDEZ DE BOSOMS DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(24) DANIEL LOUIS HOUSER DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(25) PETER HANS LEHNER DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
1b Sub-total								2,237,636.	NONE	280,624.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,237,636.	NONE	280,624.

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 ► 25

	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) NALIN KUMAR MIGLANI DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(27) JUAN ESTEBAN ORDUZ TRUJILLO DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(28) ANURAG PRIYADARSHI DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(29) ERIC B ROTHENBERG DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(30) ANISHA PUSHPIKA RAJAPAKSE 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	
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 ▶

8

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	58,393.					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	15,136,498.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,066,911.					
	g	Noncash contributions included in lines 1a-1f	1g	\$ 104,874.					
	h	Total. Add lines 1a-1f			26,261,802.				
	Program Service Revenue				Business Code				
2a		CONTRACT INCOME		541900	2,678,488.	2,678,488.			
b		PARTICIPATION AGREEMENT REVENUE/ROYALTY		541900	24,049,718.	24,049,718.			
c		OTHER PROGRAM INCOME		900099	21,822.	21,822.			
d									
e									
f		All other program service revenue							
g	Total. Add lines 2a-2f			26,750,028.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			516,743.		516,743.		
	4	Income from investment of tax-exempt bond proceeds			NONE				
	5	Royalties			NONE				
	6a	Gross rents	6a	(i) Real	1,227,409.				
				(ii) Personal					
				Less: rental expenses	6b	1,227,409.			
				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	104,874.	1,258,642.			
				(ii) Other					
				Less: cost or other basis and sales expenses	7b	104,874.	55.		
				Gain or (loss)	7c		1,258,587.		
	d	Net gain or (loss)				1,258,587.			
	8a	Gross income from fundraising events (not including \$ 58,393. of contributions reported on line 1c). See Part IV, line 18	8a						
				Less: direct expenses	8b				
Net income or (loss) from fundraising events							NONE		
9a	Gross income from gaming activities. See Part IV, line 19	9a							
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities				NONE		
10a	Gross sales of inventory, less returns and allowances	10a							
			Less: cost of goods sold	10b					
			Net income or (loss) from sales of inventory				NONE		
Miscellaneous Revenue				Business Code					
	11a	MISCELLANEOUS INCOME		900099	13,255.	13,255.			
	b								
	c								
	d	All other revenue							
e	Total. Add lines 11a-11d				13,255.				
12	Total revenue. See instructions				54,800,415.	26,763,283.	1,775,330.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,009,232.	1,009,232.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,500.	25,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,038,874.	7,038,874.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,518,245.	465,818.	897,389.	155,038.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	13,873,990.	10,829,672.	1,853,173.	1,191,145.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	539,036.	395,568.	96,325.	47,143.
9 Other employee benefits	4,099,311.	3,008,252.	732,539.	358,520.
10 Payroll taxes	1,462,132.	1,072,976.	261,280.	127,876.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	214,282.	53,233.	127,981.	33,068.
c Accounting	19,247.	13,602.	5,645.	
d Lobbying	37,178.	37,178.		
e Professional fundraising services. See Part IV, line 17	243,134.			243,134.
f Investment management fees	120,739.		120,739.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	5,013,049.	4,541,387.	455,314.	16,348.
12 Advertising and promotion	476,333.	293,752.	12,145.	170,436.
13 Office expenses	1,786,378.	1,427,993.	161,605.	196,780.
14 Information technology	2,174,532.	596,144.	1,575,965.	2,423.
15 Royalties	NONE			
16 Occupancy	886,516.	633,451.	253,065.	
17 Travel	1,043,329.	986,029.	43,721.	13,579.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	553,801.	166,971.	356,226.	30,604.
23 Insurance	297,227.	40,277.	256,525.	425.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a WORKSHOPS	726,949.	718,661.	7,663.	625.
b MEMBERSHIP/DUES/SUBSCRIPTION	240,190.	78,826.	121,936.	39,428.
c BAD DEBT EXPENSE	212,919.	212,919.		
d OTHER EXPENSES	249,984.	121,974.	50,200.	77,810.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	43,862,107.	33,768,289.	7,389,436.	2,704,382.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include Cash, Savings, Pledges, Accounts receivable, Loans, Investments, and various liabilities. Includes sub-rows 10a and 10b for land and depreciation.

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	54,800,415.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,862,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,938,308.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	44,706,335.
5	Net unrealized gains (losses) on investments	5	2,362,435.
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	-229,313.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	57,777,765.

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 Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
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

2021

**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) 2021

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 2021 (69.96%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (73.86%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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 in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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 3 columns: Description, Value, Percentage. Rows include: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)); 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)); 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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	<input type="checkbox"/> 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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME					13,255.	13,255.
TOTALS					13,255.	13,255.

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

2021

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 <p style="text-align: center;">RAINFOREST ALLIANCE, INC.</p>	Employer identification number <p style="text-align: center;">13-3377893</p>
--	---

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	\$ 7,797,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 752,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,886,111.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,105,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 1,080,815.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 1,500,000.	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;">RAINFOREST ALLIANCE, INC.</p>	Employer identification number <p style="text-align: center;">13-3377893</p>
--	---

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	\$ 953,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 625,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 757,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 1,782,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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
---	--

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) 2021

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)		37,178.	NONE
c Total lobbying expenditures (add lines 1a and 1b)		37,178.	NONE
d Other exempt purpose expenditures		43,824,929.	NONE
e Total exempt purpose expenditures (add lines 1c and 1d).		43,862,107.	NONE
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	NONE
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	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-			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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	NONE	36,700.	37,178.	73,878.
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	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: (a) Yes/No, (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)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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: Question, 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 expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as requested in the instructions above.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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) 2021

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	1,110,557.	1,038,135.	1,047,611.	1,102,551.	1,098,637.
b Contributions					
c Net investment earnings, gains, and losses	101,201.	102,838.	31,761.	-9,850.	12,929.
d Grants or scholarships					
e Other expenditures for facilities and programs	61,010.	30,416.	41,237.	45,090.	9,015.
f Administrative expenses					
g End of year balance	1,150,748.	1,110,557.	1,038,135.	1,047,611.	1,102,551.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 86.9000 %
 - c Term endowment 13.1000 %
- 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 | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		1,196,964.	880,417.	316,547.
d Equipment		1,034,715.	722,464.	312,251.
e Other		1,211,390.	453,259.	758,131.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,386,929.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	354,095.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	354,095.

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	57,915,852.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,362,435.	
b	Donated services and use of facilities	2b	887,010.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-69.	
e	Add lines 2a through 2d		2e	3,249,376.
3	Subtract line 2e from line 1		3	54,666,476.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,739.	
b	Other (Describe in Part XIII.)	4b	13,200.	
c	Add lines 4a and 4b		4c	133,939.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	54,800,415.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	44,844,422.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	887,010.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	216,044.	
e	Add lines 2a through 2d		2e	1,103,054.
3	Subtract line 2e from line 1		3	43,741,368.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,739.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	120,739.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	43,862,107.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

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

FORM 990, SCHEDULE D, PART X, LINE 2

RA IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE UNITED STATES INTERNAL REVENUE CODE AND NO PROVISION FOR SUCH INCOME TAX HAS BEEN REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. RA HAS EVALUATED UNCERTAIN TAX POSITIONS WITH RESPECT TO ITS U.S. OPERATIONS AND CONCLUDED THERE ARE NO SUCH POSITIONS AT DECEMBER 31, 2021 AND 2020. 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 LOSS OF \$(69) RELATED TO CURRENCY LOSSES ON REVENUE TRANSACTIONS WAS INCLUDED AS A REDUCTION OF TOTAL REVENUE ON THE AUDIT REPORT BUT WAS INCLUDED IN PART XI LINE 9 ON FORM 990.

Part XIII Supplemental Information (continued)

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

LOSS ON DISPOSAL OF FIXED ASSETS OF \$(55) AND CREDIT ON BAD DEBTS OF \$13,255 WERE INCLUDED AS A NET REDUCTION OF TOTAL EXPENSES ON THE AUDIT REPORT BUT ARE INCLUDED IN PART VIII ON FORM 990.

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

A FOREIGN EXCHANGE LOSS OF \$(229,244) RELATED TO CURRENCY LOSSES, CREDIT ON BAD DEBTS OF \$13,255 AND LOSS OF DISPOSAL OF FIXED ASSETS OF \$(55) ARE INCLUDED IN TOTAL EXPENSES ON THE AUDIT REPORT BUT NOT INCLUDED IN PART IX..

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

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

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	6	100	PROGRAM SERVICES	SEE PART V	9,882,584.
(2) SUB-SAHARAN AFRICA	6	56	PROGRAM SERVICES	SEE PART V	3,210,766.
(3) SOUTH AMERICA	2	26	PROGRAM SERVICES	SEE PART V	2,133,420.
(4) EAST ASIA AND THE PACIFIC	1	25	PROGRAM SERVICES	SEE PART V	1,897,496.
(5) EUROPE	1	27	PROGRAM SERVICES	SEE PART V	2,868,620.
(6) NORTH AMERICA	1	36	PROGRAM SERVICES	SEE PART V	2,782,542.
(7) SOUTH ASIA	NONE	NONE	PROGRAM SERVICES	SEE PART V	60,304.
(8) MIDDLE EAST AND NORTH AFRICA	NONE	NONE	PROGRAM SERVICES	SEE PART V	32.
(9) NORTH AMERICA	1	36	GRANTMAKING		687,029.
(10) EAST ASIA AND THE PACIFIC	1	25	GRANTMAKING		72,774.
(11) CENTRAL AMERICA/CARIBBEAN	6	100	GRANTMAKING		3,806,124.
(12) SUB-SAHARAN AFRICA	6	56	GRANTMAKING		1,541,113.
(13) SOUTH AMERICA	1	36	GRANTMAKING		289,175.
(14) EUROPE	1	27	GRANTMAKING		149,618.
(15) SOUTH ASIA	NONE	NONE	GRANTMAKING		36,838.
(16)					
(17)					
3a Subtotal	33	550.			29,418,435.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	33.	550.			29,418,435.

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

Schedule F (Form 990) 2021

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 AGRICULTURE	13,626.	EFT			
(2)		NORTH AMERICA	SUSTAINABLE AGRICULTURE	5,354.	EFT			
(3)		EAST ASIA/PACIFIC	SUSTAINABLE AGRICULTURE	5,892.	EFT			
(4)		CENT. AMERICA/CARIBBEAN	FORESTRY ACTIVITY	8,440.	EFT			
(5)		EAST ASIA/PACIFIC	WOMEN EMPOWERMENT	9,259.	EFT			
(6)		NORTH AMERICA	SUSTAINABLE AGRICULTURE	11,129.	EFT			
(7)		NORTH AMERICA	SUSTAINABLE AGRICULTURE	11,948.	EFT			
(8)		NORTH AMERICA	SUSTAINABLE CONSTRUCTION	12,196.	EFT			
(9)		NORTH AMERICA	SUSTAINABLE CONSTRUCTION	13,427.	EFT			
(10)		NORTH AMERICA	FOREST MANAGEMENT	13,558.	EFT			
(11)		NORTH AMERICA	FOREST MANAGEMENT	20,887.	EFT			
(12)		EUROPE	SUSTAINABLE VALUE CHAINS	29,053.	EFT			
(13)		SOUTH AMERICA	SUSTAINABLE AGRICULTURE	57,692.	EFT			
(14)		SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	69,572.	EFT			
(15)		NORTH AMERICA	SUSTAINABLE AGRICULTURE	82,761.	EFT			
(16)		EUROPE	LANDSCAPE MANAGEMENT	85,636.	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 55

3 Enter total number of other organizations or entities 32

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)			CENTRAL AMERICA AND THE	AGRICULTURE EMPOWERMENT	92,173.	EFT			
(2)			NORTH AMERICA	FOREST MANAGEMENT	13,851.	EFT			
(3)			NORTH AMERICA	SUSTAINABLE AGRICULTURE	13,983.	EFT			
(4)			NORTH AMERICA	FOREST MANAGEMENT	14,422.	EFT			
(5)			NORTH AMERICA	FOREST MANAGEMENT	14,461.	EFT			
(6)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	58,666.	EFT			
(7)			NORTH AMERICA	SUSTAINABLE CONSTRUCTION	5,417.	EFT			
(8)			NORTH AMERICA	SUSTAINABLE CONSTRUCTION	5,627.	EFT			
(9)			NORTH AMERICA	SUSTAINABLE CONSTRUCTION	5,718.	EFT			
(10)			NORTH AMERICA	SUSTAINABLE AGRICULTURE	8,242.	EFT			
(11)			NORTH AMERICA	SUSTAINABLE AGRICULTURE	9,422.	EFT			
(12)			NORTH AMERICA	FOREST MANAGEMENT	11,121.	EFT			
(13)			NORTH AMERICA	SUBPROJECT IMPLEMENTATION	19,061.	EFT			
(14)			NORTH AMERICA	SUBPROJECT IMPLEMENTATION	21,991.	EFT			
(15)			NORTH AMERICA	LOCAL COMMUNITIES	16,250.	EFT			
(16)			EAST ASIA/PACIFIC	SUSTAINABLE AGRICULTURE	5,772.	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	SUSTAINABLE AGRICULTURE	7,380.	EFT			
(2)			SOUTH AMERICA	FORESTRY ACTIVITY	8,957.	EFT			
(3)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	9,540.	EFT			
(4)			NORTH AMERICA	WOMEN EMPOWERMENT	10,000.	EFT			
(5)			SOUTH ASIA	SUSTAINABLE AGRICULTURE	11,083.	EFT			
(6)			SUB-SAHARAN AFRICA	CHILD LABOUR	11,673.	EFT			
(7)			SOUTH AMERICA, EAST ASIA	FOREST MANAGEMENT	13,025.	EFT			
(8)			SUB-SAHARAN AFRICA, EURO	SUSTAINABLE VALUE CHAINS	13,027.	EFT			
(9)			SOUTH ASIA	SUSTAINABLE VALUE CHAINS	13,572.	EFT			
(10)			SOUTH ASIA	SUSTAINABLE VALUE CHAINS	17,144.	EFT			
(11)			NORTH AMERICA	FOREST MANAGEMENT	17,336.	EFT			
(12)			EUROPE	RESEARCH PROJECT	17,518.	EFT			
(13)			NORTH AMERICA	LOCAL COMMUNITIES	17,526.	EFT			
(14)			NORTH AMERICA	FOREST MANAGEMENT	17,990.	EFT			
(15)			CENT. AMERICA/CARIBBEAN	FORESTRY ACTIVITY	18,696.	EFT			
(16)			NORTH AMERICA	FOREST MANAGEMENT	18,898.	EFT			

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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	RESEARCH PROJECT	20,000.	EFT			
(2)			SUB-SAHARAN AFRICA	MANAGEMENT PROJECT	20,000.	EFT			
(3)			NORTH AMERICA	SUSTAINABLE AGRICULTURE	20,461.	EFT			
(4)			SUB-SAHARAN AFRICA	AGRICULTURE EMPOWERMENT	20,728.	EFT			
(5)			SOUTH AMERICA	FOREST COMMUNITIES	24,187.	EFT			
(6)			EUROPE	SUSTAINABLE AGRICULTURE	24,651.	EFT			
(7)			EAST ASIA/PACIFIC	LANDSCAPE MANAGEMENT	29,323.	EFT			
(8)			SUB-SAHARAN AFRICA	WOMEN EMPOWERMENT	30,970.	EFT			
(9)			NORTH AMERICA	WOMEN'S EMPOWERMENT	36,181.	EFT			
(10)			NORTH AMERICA	USAID-LANDSC PROJECT	36,737.	EFT			
(11)			SUB-SAHARAN AFRICA	LOCAL COMMUNITIES	38,947.	EFT			
(12)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	44,828.	EFT			
(13)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	46,647.	EFT			
(14)			SUB-SAHARAN AFRICA	SUSTAINABLE AGRICULTURE	53,848.	EFT			
(15)			EUROPE	SUSTAINABLE VALDE CHAINS	56,329.	EFT			
(16)			CENT. AMERICA/CARIBBEAN	LOCAL FARMERS	58,418.	EFT			

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3 Enter total number of other organizations or entities

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HUMAN RIGHTS	60,457.	EFT			
(2)			CENT. AMERICA/CARIBBEAN	SUSTAINABLE AGRICULTURE	60,899.	EFT			
(3)			CENT. AMERICA/CARIBBEAN	HUMAN RIGHTS	63,092.	EFT			
(4)			CENT. AMERICA/CARIBBEAN	LOCAL FARMERS	64,943.	EFT			
(5)			EUROPE	LANDSCAPE MANAGEMENT	64,975.	EFT			
(6)			SUB-SAHARAN AFRICA	VALUE CHAINS	67,903.	EFT			
(7)			SOUTH AMERICA	SUSTAINABLE AGRICULTURE	74,500.	EFT			
(8)			COTE D'IVOIRE	LOCAL FARMERS	78,368.	EFT			
(9)			SUB-SAHARAN AFRICA	SUSTAINABLE VALUE CHAINS	83,609.	EFT			
(10)			SUB-SAHARAN AFRICA	LOCAL FARMERS	91,134.	EFT			
(11)			CENT. AMERICA/CARIBBEAN	LOCAL COMMUNITIES	97,528.	EFT			
(12)			CENT. AMERICA/CARIBBEAN	COVID ASSISTANCE	107,320.	EFT			
(13)			CENT. AMERICA/CARIBBEAN	FOREST COMMUNITIES	116,368.	EFT			
(14)			EUROPE	SUPPORTING FARMERS	136,867.	EFT			
(15)			SUB-SAHARAN AFRICA	FOREST MANAGEMENT	149,809.	EFT			
(16)			SUB-SAHARAN AFRICA	LANDSCAPE MANAGEMENT	190,966.	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	SUPPORTING FARMERS LANDSCAPE MANAGEMENT	334,689.	EFT			
(2)			SUB-SAHARAN AFRICA	COVID ASSISTANCE	383,121.	EFT			
(3)			CENT. AMERICA/CARIBBEAN	COVID ASSISTANCE	749,840.	EFT			
(4)			CENT. AMERICA/CARIBBEAN	COVID ASSISTANCE	756,615.	EFT			
(5)			CENT. AMERICA/CARIBBEAN	FOREST MANAGEMENT	1,441,591.	EFT			
(6)			EAST ASIA/PACIFIC	FOREST MANAGEMENT	23,476.	EFT			
(7)			NORTH AMERICA	FOREST MANAGEMENT	25,000.	EFT			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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) P000154_APIAGS INOVACION SA DE CV	NORTH AMERICA	1	25,000.	EFT			
(2) KEINHANS FELLOWSHIP	NORTH AMERICA	1	16,297.				
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

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

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).

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

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

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 2021, THE KLEINHANS FELLOWSHIP WAS AWARDED TO AN INDIVIDUAL WHOSE
WORKED WILL STUDY THE GOVERNANCE OF RURAL FORESTS IN VERACRUZ, A HIGHLY
DEFORESTED STATE IN MEXICO.

**SCHEDULE G
(Form 990)**

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.

2021

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	236,693.	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
		<u>VIRTUAL EVENT</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	58,393.		58,393.
	2	Less: Contributions	58,393.		58,393.
	3	Gross income (line 1 minus line 2).			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d). ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		_____ %	_____ %	_____ %		
Revenue	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: _____

 10 a 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 : 20,500.

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 : 50,610.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

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

NAME:

RISING TIDE DIRECT, LLC

ADDRESS:

233 NEEDHAM STREET #300
NEWTON, MA 02464

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 21,850.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

FREEWILL CO.

ADDRESS:

300 W 57TH STREET FL 40
NEW YORK, NY 10019

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 19,833.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

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

NAME:

BLOCKCHAIND LLC

ADDRESS:

204 DOWNEY LANE
MONMOUTH JUNCTION, NJ 08852

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 50,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

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 : 54,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

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

NAME:

SMARTER GOOD INC

ADDRESS:

402 MARINA WAY
RICHMOND, CA 94801-3207

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 13,150.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME:

MILO SYBRANT LLC DBA FLEDGE FUNDRAISING

ADDRESS:

68 3RD STREET #DD27
BROOKLYN, NY 11231

ACTIVITY :

CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

YES

GROSS RECEIPTS FROM ACTIVITY : NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 6,750.

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**

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MERIDIAN INSTITUTE 105 VILLAGE PLACE DILLON, CO 80435	84-1435420	501 (C) (3)	107,211.				SUSTAINABLE AGRICULTURE
(2) CONSERVATION INT FOUNDATION 2011 CRYSTAL DRIVE ARLINGTON, VA 22202	52-1497470	501 (C) (3)	63,776.				CONSERVATION
(3) VERRA 1 THOMAS CIRCLE WASHINGTON, DC 20005	27-0566795	501 (C) (3)	337,643.				LANDSCAPE
(4) ECOAGRICULTURE INTERNATIONAL 3057 NUTLEY ST #193 FAIRFAX, VA 22031	20-2349382	501 (C) (3)	347,402.				M&E
(5) FOREST TRENDS 1203 19TH STREET NW WASHINGTON, DC 20036	52-2135531	501 (C) (3)	30,000.				SUSTAINABLE AGRICULTURE
(6) MIGHTY EARTH INC. 1150 CONNECTICUT AVE WASHINGTON, DC 20036	84-4785944	501 (C) (3)	13,200.				STRATEGY MANAGEMENT
(7) BENEFICIENT TECHNOLOGY, INC. 480 CALIFORNIA AVE #201 PALO ALTO, CA 94306	77-0555413	501 (C) (3)	109,999.				LANDSCAPE MANAGEMENT
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table 7

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

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	25,500.			
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

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

2021

Open to Public Inspection

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
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) 2021

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				
SANTIAGO GOWLAND	(i) 265,012.	(ii) NONE	(iii) NONE	28,479.	15,901.	309,392.	NONE
1 CEO	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
ALIK ODINGA HINCKSON	(i) 266,177.	(ii) 8,138.	(iii) 484.	11,145.	22,826.	308,770.	NONE
2 CFO	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
MOLLY STARK	(i) 199,231.	(ii) 20,000.	(iii) 1,135.	10,640.	1,619.	232,625.	NONE
3 GENERAL COUNSEL	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
ALEX H MORGAN	(i) 215,504.	(ii) 25,000.	(iii) 235.	11,616.	20,931.	273,286.	NONE
4 CHIEF MARKETS OFFICER	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
SUSAN TRESSLER	(i) 123,651.	(ii) NONE	(iii) 55,228.	9,914.	13,570.	202,363.	NONE
5 CHIEF EXTERNAL RELATI	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
APARAJITA BHALLA	(i) 153,788.	(ii) NONE	(iii) 1,172.	6,877.	NONE	161,837.	NONE
6 CHIEF DEVELOPMENT OFF	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
NIGEL SIZER	(i) 136,314.	(ii) NONE	(iii) 13,318.	10,863.	22,711.	183,206.	NONE
7 CHIEF PROGRAM OFFICER	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
HELEEN S.	(i) 203,937.	(ii) NONE	(iii) NONE	NONE	NONE	203,937.	NONE
8 CRO	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
MIGUEL ZAMORA	(i) 66,969.	(ii) NONE	(iii) 81,890.	7,464.	10,838.	167,161.	NONE
9 DIRECTOR, MARKETS TRA	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
MARIA SALINAS	(i) 133,848.	(ii) NONE	(iii) 207.	7,149.	16,082.	157,286.	NONE
10 DIRECTOR, GLOBAL FINA	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
MARK MOROGE	(i) 127,051.	(ii) NONE	(iii) 96.	6,663.	38,803.	172,613.	NONE
11 SENIOR DIRECTOR, LATI	(ii) NONE	(iii) NONE	(iii) NONE	NONE	NONE	NONE	NONE
12	(i) (ii) (iii)						
13	(i) (ii) (iii)						
14	(i) (ii) (iii)						
15	(i) (ii) (iii)						
16	(i) (ii) (iii)						

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.

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.

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

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

REVIEWS AND EVALUATIONS.

SCHEDULE J, PART I, LINE 4A

FORMER CHIEF EXTERNAL RELATIONS OFFICER SUSAN TRESSLER RECEIVED A

SEVERANCE PAYMENT OF \$30,814. FORMER DIRECTOR OF MARKETS TRANSFORMATION

MIGUEL ZAMORA RECEIVED A SEVERANCE PAYMENT OF \$58,517.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	104,874.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) 2021

**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

2021

**Open to Public
Inspection**

Employer identification number

13-3377893

FORM 990, PART III, LINE 1

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

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

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

FORM 990, PART III, LINE 4A

LANDSCAPES AND COMMUNITIES

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

ELEMENTS OF OUR LANDSCAPE PROGRAMS INCLUDE:

- TRAINING IN LAND MANAGEMENT BEST PRACTICES, INCLUDING CLIMATE-SMART
AGRICULTURE AND SUSTAINABLE FORESTRY

- PROVIDING TRAINING OPPORTUNITIES TO RURAL PRODUCERS SO THEY CAN
DIVERSIFY THEIR INCOME STREAMS OR ADD VALUE TO THEIR PRODUCTS

- OPENING ACCESS TO SUSTAINABLE FINANCING THROUGH PARTNERSHIPS WITH
LENDING INSTITUTIONS AND HELPING RURAL PRODUCERS IMPROVE THEIR FINANCIAL
MANAGEMENT SKILLS

- FACILITATING PUBLIC-PRIVATE PARTNERSHIPS THAT STIMULATE RELIABLE,

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2021

**Open to Public
Inspection**

Employer identification number

LONG-TERM MARKET DEMAND FOR MORE SUSTAINABLY PRODUCED GOODS

- CONNECTING FARMERS AND FOREST COMMUNITIES TO NEW MARKETS TO EXPAND
SELLING OPPORTUNITIES

- TAKING WHAT IS KNOWN AS AN "INTEGRATED LANDSCAPE MANAGEMENT" APPROACH,
WE WORK WITH RURAL COMMUNITIES TO BUILD DYNAMIC LANDSCAPE PARTNERSHIPS
THAT UNITE ALL LAND USERS: FARMERS, FOREST ENTERPRISES, LOCAL LEADERS,
COMPANIES, AND GOVERNMENTS. TOGETHER, WE TACKLE COMPLEX AND OFTEN
INTERCONNECTED CHALLENGES THAT ARE TOO BIG TO BE TAKEN ON ALONE-FROM
CLIMATE CHANGE AND DEFORESTATION TO HUMAN RIGHTS AND RURAL POVERTY. BY
INVOLVING A DIVERSE RANGE OF STAKEHOLDERS IN OUR LANDSCAPE MANAGEMENT
PROGRAMS, WE BRING ALL LAND USERS TOGETHER TO DISCUSS COMMON INTERESTS
AND DETERMINE COLLECTIVE ACTIONS.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2021 INCLUDED:

- IN 2021, THE RAINFOREST ALLIANCE HAD APPROXIMATELY 55 ACTIVE PROJECTS
WITH FARMERS AND FOREST COMMUNITIES TO IMPROVE LIVELIHOODS AND PROTECT
NATURE. WE CONTINUED TO WORK WITH A DIVERSE DONOR BASE TO FURTHER EVOLVE
INTEGRATED LANDSCAPE CONSERVATION AND VALUE CHAIN DEVELOPMENT IN THE
AGRICULTURE AND FORESTRY SECTORS IN STRATEGIC WORKING LANDSCAPES. SOME OF
THE LARGEST DONORS WERE THE ELYSABETH KLEINHANS, EUROPEAN COMMISSION,
GREEN CLIMATE FUND, GLOBAL ENVIRONMENTAL FACILITY, IKEA FOUNDATION, ONE
TREE PLANTED, USAID AND WORLD BANK.

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- IN 2021, OUR TOTAL REACH WAS BIGGER THAN EVER BEFORE-25 ONGOING INTEGRATED LANDSCAPE MANAGEMENT PROJECTS AND PROGRAMS, SPANNING 14+ MILLION HECTARES WORLDWIDE
- RA LAUNCHED LANDSCALE, OUR ALL-IN-ONE ASSESSMENT TOOL TO GENERATE LANDSCAPE-LEVEL INSIGHTS ABOUT SUSTAINABILITY. THE TOOL, CO-CREATED WITH VERRA AND CONSERVATION INTERNATIONAL, IS DESIGNED TO HELP BIG PROJECT DEVELOPERS-INCLUDING COMPANIES AND GOVERNMENTS-TO ASSESS SOCIAL AND ENVIRONMENTAL RISKS, SUCH AS DEFORESTATION OR LAND CONFLICT. LANDSCALE ALSO ALLOWS USERS TO THEN INVEST IN, MONITOR, MEASURE, AND COMMUNICATE THEIR SUSTAINABILITY IMPACTS ON A SYSTEMATIC AND MASSIVE SCALE. IN 2021, WE PILOTED OUR NEW LANDSCALE TOOL IN LAMAS, NORTHERN SAN MARTÍN, PERU BUILDING ON FARMER CERTIFICATION WORK OUT TO A LANDSCAPE LEVEL. IN TOTAL, 19 PILOTS WERE LAUNCHED BY LANDSCALE ACROSS FIVE CONTINENTS IN 2021 WITH 16 MILLION + HECTARES COVERED BY LANDSCALE PILOTS WORLDWIDE.
- ACROSS THE ANDEAN AND AMAZONIAN REGIONS, RA WORKED CLOSELY WITH INDIGENOUS COMMUNITIES TO DIVERSIFY LOCAL ECONOMIES IN WAYS THAT PROTECT SAN MARTÍN, PERU FORESTS. IN 2021, WE EXPANDED OUR WORK WITH THE KICHWA PEOPLE TO 14 COMMUNITIES. TOGETHER, WE HELPED BUILD MARKETS FOR RESPONSIBLY HARVESTED FOREST PRODUCTS, SUCH AS HONEY AND NATURAL LATEX. OUR PARTNERSHIPS THERE ALSO HAVE A STRONG FOCUS ON WOMEN'S ENTREPRENEURSHIP. IN 2021, WE RAN BUSINESS MANAGEMENT AND DIGITAL SKILLS TRAININGS FOR THE MEMBERS OF WARMI AWADORA, A SMALL WOMEN-LED INDIGENOUS

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HANDICRAFT COLLECTIVE. USING METHODS ROOTED IN THEIR ANCESTRAL HERITAGE,
THE WOMEN OF WARMI AWADORA PRODUCE AND SELL BEAUTIFUL WOVEN TEXTILES FROM
NATIVE COTTON THAT HAS BEEN GROWN IN HARMONY WITH THE FOREST.

- IN LATIN AMERICA, NINE FOREST COMMUNITIES IN GUATEMALA'S MAYA BIOSPHERE
RESERVE MAINTAINED A NEAR-ZERO DEFORESTATION RATE IN THE VAST "WORKING
FOREST" CONCESSIONS THEY HAVE MANAGED FOR ALMOST 20 YEARS. THAT RATE WAS
20 TIMES LESS THAN IN OTHER PARTS OF THE RESERVE. MORE THAN 100 FOREST
BUSINESSES CREATED 12,000 JOBS, WITH MANY LEADERSHIP POSITIONS FOR WOMEN
AND BENEFITS FANNING OUT TO MORE THAN 45,000 PEOPLE BETWEEN 2013 AND
2021. FURTHERMORE, DURING THE SAME PERIOD, THESE FOREST BUSINESSES
GENERATED \$69.6M TOTAL SALES. POVERTY RATES IN THE CONCESSIONS ARE
SIGNIFICANTLY LOWER THAN IN OTHER PARTS OF GUATEMALA, MAKING OUTMIGRATION
FROM THE CONCESSION COMMUNITIES VIRTUALLY UNHEARD OF. IN RECENT YEARS,
THE GOVERNMENT GRANTED 25-YEAR EXTENSIONS TO ALL THE CONCESSIONS WHOSE
LAND CONTRACTS HAVE COME UP FOR RENEWAL. DESPITE THE ONGOING CHALLENGES
PRESENTED BY THE COVID-19 PANDEMIC, IN OCTOBER 2021 TWO NEW CONCESSIONS
WERE CREATED, ADDING 71,255 HECTARES TO THE 353,000 HECTARES ALREADY
UNDER COMMUNITY MANAGEMENT.

- RA HAS IMPLEMENTED MEASURES TO STRENGTHEN AUDITING AND PROVIDE MORE
SUPPORT TO CERTIFIED FARMERS IN WEST AND CENTRAL AFRICA SINCE 2019. AS
PART OF THESE EFFORTS, WE ESTABLISHED A \$5 MILLION AFRICA COCOA FUND
(ACF) THAT HELPS FARMERS WHO NEED ASSISTANCE IN MEETING OUR CERTIFICATION
REQUIREMENTS. THE FIRST PART OF FUNDING HAPPENED IN 2021, WITH NEARLY

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\$640,000 DISTRIBUTED AMONG 8 PROJECTS THAT ADDRESSED ISSUES SUCH AS CHILD LABOR, INCOME DIVERSIFICATION, AGROFORESTRY AND SHADE IMPLEMENTATION. FOR ONE WOMEN-LED COCOA COOPERATIVE IN SOUTHERN CÔTE D'IVOIRE, THOSE FUNDS WERE USED TO UNDERSTAND AND MITIGATE CHILD LABOR RISKS THROUGH TRAINING, AWARENESS-RAISING ACTIVITIES, AND SURVEYING LOCAL FAMILIES. THEY ALSO PURCHASED 3,000 HENS TO INCREASE FAMILY INCOMES FOR THEIR MEMBERS, ADDRESSING A ROOT CAUSE OF CHILD LABOR.

- IN THE WESTERN HIGHLANDS OF CAMEROON, WE CONTINUED WORKING CLOSELY WITH LOCAL COMMUNITIES AND OUR FRONTLINE PROJECT PARTNERS TO STRENGTHEN THE ECONOMIC AND SOCIAL RIGHTS OF WOMEN AND YOUTH (PARTICULARLY YOUNG WOMEN) IN MOUNT BAMBOUTOS THROUGH THE PROMOTION OF COMMUNITY-BASED AND ENVIRONMENTALLY SUSTAINABLE LANDSCAPE MANAGEMENT.

RA-CERT

DURING Q4 2018, RA SOLD ITS RA-CERT PROGRAM TO PREFERRED BY NATURE (FORMERLY KNOWN AS NEPCON), AN INTERNATIONAL NON-PROFIT ORGANIZATION THAT PROMOTES AND DELIVERS SUSTAINABILITY CERTIFICATION SERVICES AND HAS BEEN WORKING COLLABORATIVELY ON CERTIFICATION AND OTHER INITIATIVES WITH RA SINCE 1998. THIS SALE REPRESENTED A STRATEGIC SHIFT IN RA'S OPERATIONS. AS PART OF THE SALE, RA WAS ENTITLED TO COLLECT REVENUES EACH YEAR OF THE 5-YEAR SALE TERM BASED ON A PERCENTAGE OF APPLICABLE ANNUAL REVENUES. RA-CERT INCLUDED CERTIFICATION, VERIFICATION AND VALIDATION ACTIVITIES IN THE AREAS OF FORESTRY, AGRICULTURE, AND TOURISM. THESE SERVICES WERE FOCUSED ON CONSERVING BIODIVERSITY AND ENSURING SUSTAINABLE LIVELIHOODS.

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EFFECTIVE DECEMBER 31, 2021, RA AND PREFERRED BY NATURE AGREED TO
TERMINATE THE AGREEMENT AND ALL REMAINING LIABILITIES WERE SETTLED WITH A
FINAL PAYMENT MADE TO RA IN 2022.

FORM 990, PART III, LINE 4B

MARKETS TRANSFORMATION

THE MARKETS TRANSFORMATION TEAM WORKS TO INFLUENCE CORPORATE POLICIES,
BEHAVIOR, PRACTICES AND ALLOCATION OF RESOURCES FOR THE BETTERMENT OF
FARMERS AND FOREST COMMUNITIES IN SERVICE OF RAINFOREST ALLIANCE'S
MISSION. WE WORK WITH MORE THAN 5,000 BUSINESSES AND 4 MILLION FARMERS
AND WORKERS ON CERTIFIED FARMS IN 70 COUNTRIES TO DRIVE MORE SUSTAINABLE
AGRICULTURE AND RESPONSIBLE SUPPLY CHAINS.

HIGHLIGHTS AND MAJOR ACCOMPLISHMENTS IN 2021 INCLUDED:

- PRODUCTS BEARING THE RAINFOREST ALLIANCE CERTIFIED SEAL OR UTZ LABEL
ARE SOLD IN OVER 175 COUNTRIES.
- IN 2021 WE CONTINUED THE ROLL-OUT OF OUR 2020 SUSTAINABLE AGRICULTURE
STANDARD-AN EVOLVED CERTIFICATION PROGRAM BASED ON THE PRINCIPLES OF
SHARED RESPONSIBILITY AND SUSTAINABILITY AS A JOURNEY OF CONTINUOUS,
DATA-INFORMED IMPROVEMENT. OUR 2020 CERTIFICATION PROGRAM INTRODUCED NEW
REQUIREMENTS FOR COMPANIES TO INVEST IN AND REWARD MORE SUSTAINABLE
PRODUCTION. AT THE SAME TIME, OUR NEW PROGRAM FULLY EMBRACES THE POWER OF
DATA-FROM DETAILED RECORD-KEEPING SYSTEMS TO CUTTING-EDGE GEOSPATIAL

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ANALYSIS. THIS MEANS EXCITING NEW DIGITAL TOOLS TO HELP FARMERS IMPLEMENT MORE SUSTAINABLE PRACTICES, CLEARER PERFORMANCE INSIGHTS AND RISK ANALYSIS FOR COMPANIES, AND MORE EFFECTIVE AUDITING PROCESSES TO ENSURE TRANSPARENCY AND ACCOUNTABILITY. STAKEHOLDER OUTREACH, COLLECTING FEEDBACK AND PROVIDING TRAINING TO FARMERS AND SUPPLY CHAIN ACTORS ACROSS ALL SECTORS WAS A SIGNIFICANT PART OF OUR WORK.

- COSTA RICA'S FINCA ESMERALDA BECAME THE FIRST IN THE WORLD TO ACHIEVE RAINFOREST ALLIANCE CERTIFICATION AGAINST OUR 2020 SUSTAINABLE AGRICULTURE STANDARD. FOR FYFFES, ONE OF THE ADVANTAGES OF THIS PILOT WAS THE HELP AND FEEDBACK RECEIVED FROM THE RAINFOREST ALLIANCE STAFF IN INTERPRETING THE REQUIREMENTS, SETTING THEM UP FOR COMPLIANCE WITH THE STANDARD. SINCE FINCA ESMERALDA IS ONE OF MANY FYFFES-OPERATED FARMS AROUND THE WORLD, THEIR LEARNINGS FROM THE PILOT COULD LIKELY BE SCALED UP TO IMPACT FARMS THROUGHOUT THE BANANA INDUSTRY. SIMULTANEOUSLY, THEIR FEEDBACK HELPED THE RAINFOREST ALLIANCE UNDERSTAND THE FARM'S SPECIFIC CHALLENGES. THIS HELPS ENSURE OUR CERTIFICATION PROGRAM IS CONTEXT-ADAPTABLE, AND THUS, MORE EFFICIENT AND EFFECTIVE.

- IN 2021, AS WE TRANSITIONED TO THE NEW CERTIFICATION PROGRAM, WE EXPANDED OUR ASSOCIATED TRAINERS NETWORK (ATN), A CONSORTIUM OF SKILLED LOCAL TRAINERS WHO HAVE UNDERGONE TRAINING FROM THE RAINFOREST ALLIANCE. MORE THAN 600 TRAININGS WERE DELIVERED ACROSS 36 COUNTRIES BY BOTH ATN AND OUR OWN STAFF, RESULTING IN 11,000+ INDIVIDUALS TRAINED IN 2021.

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- RA JOINED FORCES WITH NESPRESSO TO DESIGN A SCORECARD TO GUIDE FARMERS AND COMPANIES AS THEY PROGRESS TOWARD THEIR REGENERATIVE AGRICULTURE GOALS. THE RAINFOREST ALLIANCE SPENT MONTHS RESEARCHING AND TESTING THE SCORECARD'S COMPONENTS IN TWO COFFEE-PRODUCING REGIONS OF COSTA RICA. THEN, IN 2021, WE FURTHER CONSULTED WITH COFFEE EXPERTS FROM BRAZIL, COLOMBIA, AND OTHER REGIONS TO ENSURE ITS APPLICABILITY ACROSS THE SECTOR.

- IN 2021, 2.3 MILLION METRIC TONS OF ORANGES WERE GROWN ON RAINFOREST ALLIANCE CERTIFIED FARMS FOR THE ORANGE JUICE MARKET. IN LIGHT OF COVID-19 RESTRICTIONS, THE RAINFOREST ALLIANCE TEAM IN BRAZIL TRAINED CERTIFICATE HOLDERS ONLINE, WORKING WITH ORANGE FARMERS, COOPERATIVES, AND ORANGE JUICE COMPANIES TO ACHIEVE CERTIFICATION UNDER OUR PROGRAM. TRAININGS COVERED TOPICS LIKE THE PROTECTION OF NATIVE FORESTS AND BIODIVERSITY, PEST MANAGEMENT, AND WATER MANAGEMENT. PARTICULAR ATTENTION WAS GIVEN TO TRAININGS ON IMPLEMENTING OUR APPROACH TO WORKERS' RIGHTS-INCLUDING COMBATING DISCRIMINATION, IMPROVING WORKING CONDITIONS, AND WORKING WITH FARMERS TO PAY FARM WORKERS A LIVING WAGE.

- IN 2020 & 2021, WE HAVE SUPPORTED THE STRENGTHENING OF 45 RA CERTIFIED FARMS AND 52 NON-CERTIFIED BANANA FARMS IN ECUADOR AND GUATEMALA THROUGH OUR PROMOTION OF BEST SOCIAL AND ENVIRONMENTAL PRACTICES IN THE BANANA VALUE CHAIN INITIATIVE. THE OUTCOMES INCLUDED TRAINING FOR 2,400 WOMEN AND YOUTH ON TOPICS LIKE DISASTER-RISK PREPAREDNESS, ENVIRONMENTAL EDUCATION, IMPROVED HOME SANITATION AND WASTE MANAGEMENT, GENDER

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EQUALITY, ENTREPRENEURSHIP, BUSINESS-PLAN DEVELOPMENT, IMPROVED ACCESS TO
MICROFINANCE, AND MORE. THIS INITIATIVE HAS INDIRECTLY BENEFITED OVER
11,000 COMMUNITY MEMBERS.

- RA TESTED OUR ASSESS-AND-ADDRESS APPROACH TO TACKLING CHILD LABOR,
FORCED LABOR, DISCRIMINATION, AND WORKPLACE VIOLENCE AND HARASSMENT,
GRIEVANCE MECHANISM, AND GENDER REQUIREMENTS WITH COFFEE PARTNERS IN
ETHIOPIA, TEA PARTNERS IN MALAWI, AND COCOA GROUPS IN GHANA.

- SINCE THE ONSET OF THE COVID-19 PANDEMIC, OUR REGIONAL TEAMS HAVE
WORKED HARD TO SUPPORT OUR PARTNER FARMING COMMUNITIES FACING SEVERE
HEALTH AND ECONOMIC HARDSHIPS. WITH THE HELP OF OUR WIDER ALLIANCE AND
THE GENEROSITY OF OUR DONORS, WE AIDED LOCAL RELIEF EFFORTS ACROSS INDIA
AND SRI LANKA-DISTRIBUTING PERSONAL PROTECTIVE EQUIPMENT (PPE) AND
LIFE-SAVING MEDICAL SUPPLIES TO OVER 30,000 FARMERS AND FRONTLINE WORKERS
IN MORE THAN 55 HOSPITALS AND CLINICS.

- OUR ANNUAL FOLLOW THE FROG CAMPAIGN HIGHLIGHTS EVERYDAY ACTIONS-LIKE
BUYING PRODUCTS WITH OUR GREEN FROG SEAL-THAT CAN MAKE A POSITIVE
DIFFERENCE FOR PEOPLE AND NATURE. SOME OF THE RESULTS OF THE 2021
CAMPAIGN:

- 94 COLLABORATING COMPANY PARTNERS IN 29 COUNTRIES
- 16M PEOPLE REACHED VIA INFLUENCER, SOCIAL MEDIA, PARTICIPATING
COMPANIES AND RA CHANNELS
- 29 INFLUENCERS FROM 5 COUNTRIES

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- RA JOINED THE GLOBAL LANDSCAPES FORUM (GLF) CLIMATE HYBRID CONFERENCE TO DISCUSS COMMUNITY FORESTRY'S CONTRIBUTION TO CLIMATE RESILIENCE AND MITIGATION IN THE TROPICS, AND STAKEHOLDERS' ROLE IN SUPPORTING AND SCALING THEM UP. THE SESSION WAS WELL-ATTENDED AND VIEWED OVER 1,000 TIMES ONLINE. WE ALSO LAUNCHED THE FOREST ALLIES COMMUNITY OF PRACTICE (COP) AN OPPORTUNITY FOR COMPANIES TO POSITIVELY AFFECT WITHIN AND BEYOND THEIR SUPPLY CHAINS. THE LAUNCH WAS WELL-RECEIVED BY THE HUNDREDS WHO JOINED.

- IN 2021, WE LAUNCHED A BRAND AWARENESS CAMPAIGN, LET'S GROW TOGETHER. OUR GOAL WAS TO SHOW THAT CHANGE IS POSSIBLE-AND ANYBODY CAN START THEIR SUSTAINABILITY JOURNEY THROUGH SIMPLE, ACTIONABLE EVERYDAY CHOICES AT HOME. WE REACHED 21 MILLION PEOPLE ACROSS THE UNITED STATES, UNITED KINGDOM, THE NETHERLANDS AND GERMANY.

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.

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

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CONNECTION WITH THE MANAGEMENT OF THE BUSINESS AFFAIRS AND PROPERTY OF
RAINFOREST ALLIANCE, EXCEPT AS RESTRICTED BY LAW OR THE CERTIFICATE OF
INCORPORATION. THE EXECUTIVE COMMITTEE MEETS AT THE DISCRETION OF THE
CHAIR OF THE BOARD AND REPORTS ALL ACTIONS TO THE BOARD.

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

THE CFO INITIALLY REVIEWS THE ORGANIZATION'S DRAFT FORM 990. THE GENERAL
COUNSEL REVIEWS THE DRAFT 990 WITH RESPECT TO ANY QUESTIONS INVOLVING
LEGAL MATTERS. THE DRAFT FORM 990 IS DISTRIBUTED TO EACH OF THE
ORGANIZATION'S OFFICERS AND DIRECTORS IN ADVANCE OF FILING. EACH OFFICER
AND DIRECTOR IS ASKED TO REVIEW THE DRAFT FORM 990 AND RAISE ANY
QUESTIONS OR COMMENTS. THE CFO OVERSEES ANY REVISIONS BEFORE THE FINAL
FORM 990 IS FILED.

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

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

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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 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

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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 COUNTRIES AND INCURS FOREIGN TRANSLATION GAINS/LOSSES. FOR THE TAX YEAR ENDED DECEMBER 31, 2021, \$(229,313) OF FOREIGN CURRENCY EXCHANGE LOSSES 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,

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

OF THE RAINFOREST ALLIANCE, INC.

Name of the organization

Employer identification number

RAINFOREST ALLIANCE, INC.

13-3377893

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

=====

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

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

FORM 990, PART VI, LINE 17 - STATES

=====

AL, AK, AR, CA, CO, CT,
FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NV, NH, NJ, NM, NY, NC, 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
MICROSOFT CORPORATION 1950 N STEMMONS FWY, STE 5010 DALLAS, TX 75207	INFO TECHNOLOGY	542,994.
CHAINPOINT BV MR. EN VAN KLEFFENSSTRAAT 12 ARNHEM NETHERLANDS 6842 CV	INFO TECHNOLOGY	347,544.
SARALUX LLC 260 MADISON AVENUE FL 8 NEW YORK, NY 10016	INFO TECHNOLOGY	268,598.
WITHUMSMITH+BROWN, PC PO BOX 5340 PRINCETON, NJ 08543	ACCOUNTING SERVICES	184,309.
CONCUR TECHNOLOGIES INC 601 108TH AVENUE NE STE 1000 BELLEVUE, WA 98004	INFO TECHNOLOGY	174,587.

Name of the organization

RAINFOREST ALLIANCE, INC.

Employer identification number

13-3377893

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTING	5,013,049.	4,541,387.	455,314.	16,348.
TOTALS	5,013,049.	4,541,387.	455,314.	16,348.

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	5,116.	5,594.	FMV
US FIXED INCOME	20,143,093.	20,099,710.	FMV
US LARGE CAP EQUITY	6,510,066.	10,237,218.	FMV
EAFE EQUITY	2,169,644.	3,227,882.	FMV
GLOBAL EQUITY	2,379,376.	3,968,867.	FMV
TOTALS	31,207,295.	37,539,271.	

**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.

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		
						Yes	No	
(1)	RAINFOREST ALLIANCE MEXICO-ALLIANZA AV MAZATLAN N 66, COL. CONDE CIUDAD DE MEXICO, MX 0614	98-1051195	L&L	MX	2,828,678.	1,001,942.	RA	
(2)	RAINFOREST ALLIANCE LTD GREEN HOUSE, CAMBRIDGE HEATH RD LONDON, UK E2 9DA	98-1051166	L&L/MARKETS	UK	1,967,760.	73,763.	RA	
(3)	RAINFOREST ALLIANCE (GHANA) HSE NO. 36 ABOTSI STREET EAST LEGON, ACCRA, GH	98-1051463	L&L/RE CERT	GH	1,177,475.	177,244.	RA	
(4)	PT RAINFOREST ALLIANCE JI BATURSARI NO.31,MEDURA DENPASAR SEIATAN, BALI ID	98-1051106	RE CERT/L&L	ID	NONE	1,066,622.	RA	
(5)	RAINFOREST ALLIANCE CANADA 285 MCLEOD STREET OTTAWA, ONTARIO CA K2P1A1	98-1051454	RA CERT	CA	NONE	NONE	RA	
(6)	RAINFOREST ALLIANCE TRADING LTD GREEN HOUSE,CAMBRIDGE HEATH RD LONDON, UK E2 9DA	98-1069583	INACTIVE	UK	NONE	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. 27 EAST 28TH STREET, 8TH FLOOR NEW YORK, NY 10016	82-4110897	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) 2021

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

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

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

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

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1a** Yes No
 - b Gift, grant, or capital contribution to related organization(s) **1b** Yes No
 - c Gift, grant, or capital contribution from related organization(s) **1c** Yes No
 - d Loans or loan guarantees to or for related organization(s) **1d** Yes No
 - e Loans or loan guarantees by related organization(s) **1e** Yes No

- f Dividends from related organization(s) **1f** Yes No
- g Sale of assets to related organization(s) **1g** Yes No
- h Purchase of assets from related organization(s) **1h** Yes No
- i Exchange of assets with related organization(s) **1i** Yes No
- j Lease of facilities, equipment, or other assets to related organization(s) **1j** Yes No

- k Lease of facilities, equipment, or other assets from related organization(s) **1k** Yes No
- l Performance of services or membership or fundraising solicitations for related organization(s) **1l** Yes No
- m Performance of services or membership or fundraising solicitations by related organization(s) **1m** Yes No
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** Yes No
- o Sharing of paid employees with related organization(s) **1o** Yes No

- p Reimbursement paid to related organization(s) for expenses **1p** Yes No
- q Reimbursement paid by related organization(s) for expenses **1q** Yes No

- r Other transfer of cash or property to related organization(s) **1r** Yes No
- s Other transfer of cash or property from related organization(s) **1s** Yes No

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	
				1r	1s
(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.

(1)	(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)														

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 01/01/2021, and ending 12/31/2021

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

, 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 PT RAINFOREST ALLIANCEJT BARUSARI NO. 31, MEDURAKOTA DENPASARBALI80228INDONESIA98-1051106**b(1)** U.S. identifying number, if any**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 JACQUELYN LEVY27 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

1X4060 2.000

27637U M998

V21-7.6F 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	
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	5,322,922,592.
10 Total income (add lines 3 through 9)	10	372,004.
11 Total deductions (exclude income tax expense)	11	5,322,922,592.
12 Income tax expense	12	5,714,652,409.
13 Other adjustments	13	399,381.
14 Net income (loss) per books	14	-391,729,817.
		-27,377.

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	303,601.	196,180.
2 Other assets	2	837,527.	870,442.
3 Total assets	3	1,141,128.	1,066,622.
Liabilities and Owner's Equity			
4 Liabilities	4	9,998.	10,769.
5 Owner's equity	5	1,131,130.	1,055,853.
6 Total liabilities and owner's equity	6	1,141,128.	1,066,622.

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 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?		
<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	-391,729,817.
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	-391,729,817.
5 DASTM gain (loss) (if applicable)	5	
6 Combine lines 4 and 5.	6	-391,729,817.
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	-27,377.
8 Enter exchange rate used for line 7. ▶ 4,308.7719		

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 <u>RAINFOREST ALLIANCE, INC.</u>		Identifying number <u>13-3377893</u>	
Name of FDE or FB <u>PT RAINFOREST ALLIANCE</u>	U.S. identifying number, if any <u>98-1051106</u>	Reference ID number (see instructions) <u>98-1051106A</u>	
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 controlled or controlled by the filer	(d) Any foreign corporation or partnership 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)					

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 01/01/2021, and ending 12/31/2021

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

, 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 RAINFOREST ALLIANCE MEXICO - ALLIANZAAV. MAZATLAN 66, COLONIA CONDESA98-1051195CIUDAD DE MEXICO06140**b(1)** U.S. identifying number, if any**b(2)** Reference ID number (see instructions)98-1051195AMEXICO**c** For FDE, country(ies) under whose laws organized and entity type under local tax lawMEXICO**d** Date(s) of organization06/15/2005**e** Effective date as FDE06/15/2005**f** If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number**g** Country in which principal business activity is conducted**h** Principal business activity**i** Functional currencyMEXICOL&LMXN**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 JACQUELYN LEVY27 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 MEXICO C/O CLARA GARCIAMAZATLAN 66, COL. CONDESA 06140MEXICO CITYMX**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)	57,376,148.	2,828,678.
2 Cost of goods sold		
3 Gross profit (subtract line 2 from line 1)	57,376,148.	2,828,678.
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	64,021.	3,156.
10 Total income (add lines 3 through 9)	57,440,169.	2,831,834.
11 Total deductions (exclude income tax expense)	53,169,447.	2,621,286.
12 Income tax expense		
13 Other adjustments		
14 Net income (loss) per books	4,270,722.	210,548.

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.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets		684,013.	908,685.
2 Other assets		127,602.	93,257.
3 Total assets		811,615.	1,001,942.
Liabilities and Owner's Equity			
4 Liabilities		52,185.	72,560.
5 Owner's equity		759,430.	929,382.
6 Total liabilities and owner's equity		811,615.	1,001,942.

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 through 13a regarding FDE or FB qualified business units, base erosion payments, and dual consolidated losses.

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 for current earnings and profits, with amounts like 4,270,722 and 210,549.

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 <u>RAINFOREST ALLIANCE, INC.</u>		Identifying number <u>13-3377893</u>
Name of FDE or FB <u>RAINFOREST ALLIANCE MEXICO - ALL</u>	U.S. identifying number, if any <u>98-1051195</u>	Reference ID number (see instructions) <u>98-1051195A</u>
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 controlled or controlled by the filer	(d) Any foreign corporation or partnership 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)

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 01/01/2021, and ending 12/31/2021

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

, 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 RAINFOREST ALLIANCE GHANAHOUSE NO. 36, ABOTSI STREET98-1051463EAST LEGON, ACCRA KA 9714GHANA**b(1)** U.S. identifying number, if any**b(2)** Reference ID number (see instructions)98-1051463A**c** For FDE, country(ies) under whose laws organized and entity type under local tax lawGHANA**d** Date(s) of organization03/16/2010**e** Effective date as FDE03/16/2010**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 conductedGHANA**h** Principal business activityL&L/RA CERT**i** Functional currencyUSD**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 JACQUELYN LEVY27 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, INC. C/O ROBERT ODOMHOUSE NO. 36 ABOTSI STREET KA 9714EAST LEGONACCRA 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	1,177,475.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	1,177,475.
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	1,177,475.
10 Total income (add lines 3 through 9)	10	1,177,475.
11 Total deductions (exclude income tax expense)	11	1,188,359.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	-10,884.

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	44,388.	169,995.
2 Other assets	2		6,763.
3 Total assets	3	44,388.	176,758.
Liabilities and Owner's Equity			
4 Liabilities	4	169,360.	309,188.
5 Owner's equity	5	-124,972.	-132,430.
6 Total liabilities and owner's equity	6	44,388.	176,758.

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 through 13a regarding FDE or FB qualified business units, base erosion payments, and dual consolidated losses.

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 for current earnings and profits or taxable income.

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 <u>RAINFOREST ALLIANCE, INC.</u>		Identifying number <u>13-3377893</u>
Name of FDE or FB <u>RAINFOREST ALLIANCE GHANA</u>	U.S. identifying number, if any <u>98-1051463</u>	Reference ID number (see instructions) <u>98-1051463A</u>
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 controlled or controlled by the filer	(d) Any foreign corporation or partnership 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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Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

(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 01/01/2021 , and ending 12/31/2021

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 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 RAINFOREST ALLIANCE, LTD UK
THE GREEN HOUSE, CAMBRIDGE HEATH RD 98-1051166
LONDON E2 9DA
UNITED KINGDON

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

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
UNITED KINGDON

d Date(s) of organization 02/26/2010

e Effective date as FDE 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
UNITED KINGDON

h Principal business activity
L&L/MARKETS

i Functional currency
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 JACQUELYN LEVY
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.

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 1,430,832.	1,967,760.
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3 1,430,832.	1,967,760.
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 1,430,832.	1,967,760.
11 Total deductions (exclude income tax expense)	11 1,430,832.	1,967,760.
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.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	65,778.	73,763.
2 Other assets	2		
3 Total assets	3	65,778.	73,763.
Liabilities and Owner's Equity			
4 Liabilities	4	65,778.	73,763.
5 Owner's equity	5		
6 Total liabilities and owner's equity	6	65,778.	73,763.

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

Schedule I Transferred Loss Amount (see instructions)

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

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

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes				Foreign Tax Credit Separate Categories			
	(b) Foreign 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 <u>RAINFOREST ALLIANCE, INC.</u>		Identifying number <u>13-3377893</u>	
Name of FDE or FB <u>RAINFOREST ALLIANCE, LTD UK</u>	U.S. identifying number, if any <u>98-1051166</u>	Reference ID number (see instructions) <u>98-1051166A</u>	
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 controlled or controlled by the filer	(d) Any foreign corporation or partnership 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**

(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 01/01/2021, and ending 12/31/2021

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

, 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 RAINFOREST ALLIANCE TRADING LTD, UKTHE GREEN HOUSE, CAMBRIDGE HEATH RDLONDONE2 9DAUNITED KINGDOM98-1069583**b(1)** U.S. identifying number, if any**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 organization05/31/2011**e** Effective date as FDE05/31/2011**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 conductedUNITED KINGDOM**h** Principal business activityINACTIVE**i** Functional currencyGBP**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 JACQUELYN LEVY27 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, INC. C/O KYLIE NORTONTHE GREEN HOUSE, CAMBRIDGE HEATH RD E2 9DALONDONENGLAND 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)

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Schedule C Income Statement (see instructions)

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

	Functional Currency	U.S. Dollar
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
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			
2			
3			
4			
5			

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		
2	Other assets		
3	Total assets		
Liabilities and Owner's Equity			
4	Liabilities		
5	Owner's equity		
6	Total liabilities and owner's equity		

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		
5		

Schedule G Other Information (continued)

Table with 3 columns: Question, Yes, No. Rows include 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 3 columns: Line number, Description, Amount. Rows include lines 1 through 8 for current earnings and profits.

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 <u>RAINFOREST ALLIANCE, INC.</u>		Identifying number <u>13-3377893</u>	
Name of FDE or FB <u>RAINFOREST ALLIANCE TRADING LTD,</u>	U.S. identifying number, if any <u>98-1069583</u>	Reference ID number (see instructions) <u>98-1069583A</u>	
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 controlled or controlled by the filer	(d) Any foreign corporation or partnership 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)

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 07/01/2020, and ending 06/30/2021

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

, 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 checked="" type="checkbox"/>	Final 8858
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1a Name and address of FDE or FB <u>RAINFOREST ALLIANCE CANADA</u> <u>285 MCLEOD STREET</u> <u>OTTAWA</u> <u>ONTARIO</u> <u>K291A1</u> <u>CANADA</u>	b(1) U.S. identifying number, if any <u>98-1051454</u>
	b(2) Reference ID number (see instructions) <u>98-1051454A</u>

c For FDE, country(ies) under whose laws organized and entity type under local tax law <u>CANADA</u>	d Date(s) of organization <u>02/26/2009</u>	e Effective date as FDE <u>02/26/2009</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>CANADA</u>	h Principal business activity <u>RA CERT</u>
		i Functional currency <u>CAD</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 JACQUELYN LEVY</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, INC C/O SUSANNA LEHMAN</u> <u>285 MCLEOD STREET K291A1</u> <u>OTTAWA</u> <u>ONTARIO CA</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	660.
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	-660.

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	39,681.	-2.
2 Other assets	2	8,126.	NONE
3 Total assets	3	47,807.	-2.
Liabilities and Owner's Equity			
4 Liabilities	4	4,650,045.	518.
5 Owner's equity	5	4,602,238.	516.
6 Total liabilities and owner's equity	6	47,807.	-2.

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/Description, Yes, No. Rows include 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 3 columns: Line Number, Description, Amount. Rows 1-8 showing calculations for current earnings and profits.

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 <u>RAINFOREST ALLIANCE, INC.</u>		Identifying number <u>13-3377893</u>
Name of FDE or FB <u>RAINFOREST ALLIANCE CANADA</u>	U.S. identifying number, if any <u>98-1051454</u>	Reference ID number (see instructions) <u>98-1051454A</u>
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 controlled or controlled by the filer	(d) Any foreign corporation or partnership 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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