

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

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE RAINFOREST FUND INC.		D Employer identification number 13-3710434
	Doing business as		E Telephone number 212-677-6045
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	420 LEXINGTON AVENUE	1710	G Gross receipts \$ 7,047,504.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10170		
F Name and address of principal officer: FRANCA SCIUTO SAME AS C ABOVE		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) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.RAINFORESTFUND.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1992** **M State of legal domicile:** **NY**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 134,519.	Current Year 2,969,666.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	306,533.	2,844,006.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-211,319.	-703,729.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,733.	5,109,943.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,199,908.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		126,551.	128,724.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 288,883.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		111,528.	357,254.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,437,987.	1,658,184.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,208,254.	3,451,759.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,051,169.	End of Year 7,061,775.
	21 Total liabilities (Part X, line 26)	182,190.	213,245.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,868,979.	6,848,530.

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			
	▶ FRANCA SCIUTO, CHAIRWOMAN Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEFFREY FEINMAN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00227146
	Firm's name ▶ DDK & COMPANY LLP	Firm's EIN ▶ 13-2738625		Phone no. 212-997-0600	
Firm's address ▶ ONE PENN PLAZA, 6TH FLR NEW YORK, NY 10119					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROTECT & SUPPORT INDIGENOUS PEOPLES & TRADITIONAL POPULATIONS OF THE RAINFOREST IN THEIR EFFORTS TO PROTECT THEIR ENVIRONMENT & DEFEND THEIR RIGHTS, TO PROMOTE SUSTAINABLE DEVELOPMENT OF THEIR COMMUNITIES, & TO CHALLENGE GOVERNMENT PRACTICES WHICH HAVE A DAMAGING EFFECT ON

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 223,328. including grants of \$ 223,328.) (Revenue \$) ECUADOR - CEIBO ALLIANCE (THE TERRITORIAL DEFENSE INITIATIVE) -

FOLLOWING FROM THE SUCCESSFUL OUTCOME OF THE INDIGENOUS RIGHTS DEFENDERS' TRAINING, WHICH ALLOWED THEM IN EACH OF THEIR COMMUNITIES TO START A PROCESS OF STRATEGIC LITIGATION TO ADVANCE THEIR LEGAL RIGHTS, IN 2019 THEY INTEND TO BLOCK A GOLD RUSH IN THE ANCESTRAL KOFAN TERRITORY, TO HALT AN OIL AUCTION IN THE WAORIANI TERRITORY, TO DEMAND PROTECTION FOR INDIGENOUS PEOPLES, REMOVE BARRIERS TO INDIGENOUS LAND TITLES, AND RECOVER STOLEN RIGHTS TO INDIGENOUS LAND.

4b (Code:) (Expenses \$ 192,456. including grants of \$ 192,456.) (Revenue \$) BRAZIL - INDIGENOUS RIGHTS DEFENDERS -

INITIATED BY EQUIPE DE CONSERVCAO DA AMAZONIA (ECAM) AND MONITORED BY RAINFOREST FUND, THIS PROJECT FOCUSES ON TRAINING THE DEFENDERS SO THEY CAN UNDERSTAND THE CURRENT LAWS AND PROCEDURES AND PREPARE FOR ANY SITUATIONS THEY MAY FACE. DUE TO THE NEW POLITICAL SCENE, THERE IS URGENCY IN HAVING KNOWLEDGEABLE DEFENDERS ASSIST THEIR COMMUNITY REPRESENTATIVES AND ORGANIZATIONS IN ENGAGING WITH LOCAL ACTORS AND PUBLIC OFFICIALS. .

4c (Code:) (Expenses \$ 89,600. including grants of \$ 89,600.) (Revenue \$) PANAMA - TITLING TAGARKUNYAL ANCESTRAL TERRITORY -

INITIATED BY CONGRESO GENERAL DEL TERRITORIO ANCESTRAL TULE DE TAGARKUNYAL AND MONITORED BY RAINFOREST FOUNDATION UNITED STATES, THIS PROJECT AIMS AT INVOKING THE LAW 72/2008 FOR THE TITLING OF THEIR COLLECTIVE LAND, AND PREPARING A PROPOSAL FOR THE TITLE THROUGH GIS TECHNOLOGY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 743,103. including grants of \$ 666,822.) (Revenue \$)

4e Total program service expenses 1,248,487.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY, CA, NJ**
- 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ATHOS GONTIJO, C/O RAINFOREST FUND - 212-677-6045
420 LEXINGTON AVENUE, SUITE 1710, NEW YORK, NY 10170**

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

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Franca Sciuto, Li Lu, Trudie Styler, Mickey Sumner, JP Davidson, Jennifer Caplan, and Athos Gontijo.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotals for 1b, 1c, and 1d.

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 0

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a 'NONE' entry in column A.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,781,856.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	187,810.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 47,213.				
	h Total. Add lines 1a-1f		2,969,666.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		111,701.			111,701.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	811,428.	2,807,306.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	886,429.	0.			
c Gain or (loss)	7c	-75,001.	2,807,306.				
d Net gain or (loss)		2,732,305.			2,732,305.		
8 a Gross income from fundraising events (not including \$ 2,781,856. of contributions reported on line 1c). See Part IV, line 18	8a		357,462.				
b Less: direct expenses	8b	1,051,132.					
c Net income or (loss) from fundraising events		-693,670.			-693,670.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a FROM HIMALAYA CAPITAL INVESTMENTS	Business Code	900099	-10,059.		-10,059.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		-10,059.				
12 Total revenue. See instructions		5,109,943.	0.	0.	2,140,277.		

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 X

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,172,206.	1,172,206.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	109,446.	36,482.	36,482.	36,482.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,334.	2,112.	2,111.	2,111.
9 Other employee benefits	8,458.	2,819.	2,819.	2,820.
10 Payroll taxes	4,486.	1,495.	1,496.	1,495.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	26,493.		15,315.	11,178.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,065.		1,065.	
12 Advertising and promotion	20,000.			20,000.
13 Office expenses	16,001.		16,001.	
14 Information technology				
15 Royalties				
16 Occupancy	31,677.	10,559.	10,559.	10,559.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,938.		2,938.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,403.		1,403.	
23 Insurance	7,902.		2,553.	5,349.
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 EVENT ORGANIZER	55,000.			55,000.
b TRANSPORTATION	46,121.			46,121.
c PHOTO & VIDEO	39,250.			39,250.
d CREDIT CARD CHARGES	28,070.			28,070.
e All other expenses SEE SCH O	81,334.	22,814.	28,072.	30,448.
25 Total functional expenses. Add lines 1 through 24e	1,658,184.	1,248,487.	120,814.	288,883.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	556,912.	1	1,510,406.
	2 Savings and temporary cash investments	150,895.	2	906,413.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	340.	4	595,791.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,001.	9	3,119.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,043.		
	b Less: accumulated depreciation	10b 9,084.	10c	2,959.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,336,837.	12	4,026,020.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	4,000.	15	17,067.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,051,169.	16	7,061,775.	
Liabilities	17 Accounts payable and accrued expenses	51,786.	17	212,347.
	18 Grants payable		18	
	19 Deferred revenue	129,500.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	904.	25	898.
	26 Total liabilities. Add lines 17 through 25	182,190.	26	213,245.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,868,979.	27	6,774,510.
	28 Net assets with donor restrictions	0.	28	74,020.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,868,979.	32	6,848,530.
33 Total liabilities and net assets/fund balances	5,051,169.	33	7,061,775.	

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	5,109,943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,658,184.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,451,759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,868,979.
5	Net unrealized gains (losses) on investments	5	-1,472,207.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,848,531.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2019)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41,261.	437,431.	88,584.	134,519.	187,810.	889,605.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	41,261.	437,431.	88,584.	134,519.	187,810.	889,605.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						889,605.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	41,261.	437,431.	88,584.	134,519.	187,810.	889,605.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	154,371.	103,414.	102,930.	125,516.	111,702.	597,933.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,487,538.
12 Gross receipts from related activities, etc. (see instructions)					12	2,083,209.
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	59.80 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	62.12 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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

b 33 1/3% support tests - 2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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.	Yes	No
b Did the activities described in (a) 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 (a) and (b) 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? 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 (explain in detail in Part VI):		
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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

THE RAINFOREST FUND INC.

Employer identification number

13-3710434

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
---	---

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
_____	_____ _____ _____	\$ _____	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.)
_____	_____ _____ _____	\$ _____	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.)
_____	_____ _____ _____	\$ _____	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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
---	---

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

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

Name of organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **THE RAINFOREST FUND INC.** Employer identification number **13-3710434**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or 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.

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.

b 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 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 _____ %
 - c Term endowment _____ %
- 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) | |
| (ii) Related organizations | 3a(ii) | |
| 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				
d Equipment		6,689.	6,689.	0.
e Other		5,354.	2,395.	2,959.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,959.

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) HIMALAYA CAPITAL		
(B) INVESTORS, LP	3,557,385.	END-OF-YEAR MARKET VALUE
(C) THIRD AVENUE VALUE FUND	139,737.	END-OF-YEAR MARKET VALUE
(D) MORGAN STANLEY SECURITIES	328,898.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,026,020.	

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. (Col. (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) PAYROLL	754.
(3) PENSION PAYABLE	144.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	898.

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	4,313,462.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,472,206.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	693,670.
e	Add lines 2a through 2d	2e	-778,536.
3	Subtract line 2e from line 1	3	5,091,998.
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	
b	Other (Describe in Part XIII.)	4b	17,945.
c	Add lines 4a and 4b	4c	17,945.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,109,943.

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	2,333,910.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	693,670.
e	Add lines 2a through 2d	2e	693,670.
3	Subtract line 2e from line 1	3	1,640,240.
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	
b	Other (Describe in Part XIII.)	4b	17,945.
c	Add lines 4a and 4b	4c	17,945.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,658,185.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PRODUCTIONS COSTS RELATED TO FUNDRAISING EVENTS ON SCHEDULE

G, PART II 693,670.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE REPORTED AS CONTRA INCOME ACCOUNT PER

FINANCIAL STMT 2,938.

INVESTMENT FEE REPORTED AS CONTRA INCOME ACCOUNT PER

FINANCIAL STMT 15,007.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 17,945.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PRODUCTIONS COSTS RELATED TO FUNDRAISING EVENTS ON SCHEDULE

G, PART II 693,670.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE REPORTED AS CONTRA INCOME ACCOUNT PER

FINANCIAL STMT 2,938.

INVESTMENT FEE REPORTED AS CONTRA INCOME ACCOUNT PER

FINANCIAL STMT 15,007.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 17,945.

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)
		DEMOCRATIC REPUBLIC OF CONGO	THE OVERALL OBJECTIVE OF THIS PROJECT IS TO GIVE THE ISOLATED AND FORGOTTEN PYGMY	43,990.		0.		
		KENYA	THIS COMMUNITY PROJECT WORKS TO INCREASE THE CAPACITY OF AND ENABLE THE	84,580.		0.		
		REPUBLIC OF CONGO	INITIATED BY ACTIONS POUR LA PROMOTION ET PROTECTION DES PEUPLES ET ESPCES	57,024.		0.		
		BRAZIL	THIS PROJECT FOCUSES ON TRAINING THE DEFENDERS SO THEY CAN UNDERSTAND THE	192,456.		0.		
		COSTA RICA	THE BRIBRI INDIGENOUS PEOPLE OF THE SALITRE FOREST CONTINUE THEIR WORK TO EXPEL	20,000.		0.		
		ECUADOR	FOLLOWING FROM THE SUCCESSFUL OUTCOME OF THE INDIGENOUS RIGHTS DEFENDERS' TRAINING,	223,328.		0.		
		GUYANA	IN 2018, THIS PROJECT LOCATED IN THE MOUNTAIN RANGE IN WESTERN GUYANA, WHICH	72,800.		0.		
		PANAMA	THIS PROJECT AIMS AT INVOKING THE LAW 72/2008 FOR THE TITLING OF THEIR	89,600.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 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 ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		PERU	THIS PROJECT IS AIMED AT COLLECTING INFORMATION ABOUT THREATS TO THE	78,800.		0.		
		BOLIVIA	TRAVEL SUPPORT TO THE SANTA FE, NEW MEXICO ARTS AND CRAFTS FAIR.	5,000.		0.		
		UGANDA	STRATEGIC RESPONSE MECHANISM ACTIVATED TO HELP SUPPORT THE TRIAL OF INDIGENOUS	20,000.		0.		
		INDONESIA	THE DAYAK HAVE BEEN AT THE FOREFRONT OF THE INDIGENOUS RIGHTS MOVEMENT IN	32,090.		0.		
		CENTRAL AFRICAN REPUBLIC	INITIATED BY GESTION DURABLE DES RESSOURCES NATURELLES ET DE ENVIRONMENTAL	66,610.		0.		
		MYANMAR	." INITIATED BY: TENASSERIM RIVER & INDIGENOUS PEOPLES NETWORKS (TRIP-NET):	67,274.		0.		
		PHILIPPINES	THIS ORGANIZATION CONTINUES TO BE SUCCESSFUL AND PERSISTENT IN THEIR	51,302.		0.		
		UGANDA	THE GOAL OF THE PROJECT IS TO STRENGTHEN THE SAFETY AND PROTECTION OF	23,026.		0.		
		INDONESIA	INITIATED BY: PERKUMPULAN NURANI PEREMPUAN (PNP): THIS WOMEN'S ORGANIZATION	44,326.		0.		

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.

PART II, COLUMN (D):

REGION: DEMOCRATIC REPUBLIC OF CONGO

(D) PURPOSE OF GRANT: THE OVERALL OBJECTIVE OF THIS PROJECT IS TO GIVE THE ISOLATED AND FORGOTTEN PYGMY COMMUNITIES IN THREE PROVINCES OF NORTH KIVU THE APPROPRIATE TOOLS TO UNDERSTAND AND LEARN ABOUT THEIR RIGHTS. THROUGH TANGIBLE ACTIONS SUCH AS RESTORING THE SCHOOL AND HEALTH CENTER, AND REGULAR MEETINGS LED BY THE PROJECT HOLDERS WHERE THEY USE COMMUNICATION TOOLS TAILORED FOR THE PYGMY'S UNDERSTANDING; THE COMMUNITIES LEARN THAT THEY HAVE RIGHTS AND THE MEANS TO PROTECT THEIR LAND AND THEIR NATURAL RESOURCES.

REGION: KENYA

(D) PURPOSE OF GRANT: THIS COMMUNITY PROJECT WORKS TO INCREASE THE CAPACITY OF AND ENABLE THE OGIEK COMMUNITY IN CHEPKITALE TO PARTICIPATE IN THE POLICY-MAKING PROCESS TO PROTECT THEIR FOREST AND FAUNA, AND WILL PROGRESSIVELY MOVE TOWARD THE RECOGNITION OF THEIR RIGHTS TO THEIR ANCESTRAL LAND. THE PROGRAM ALSO INVESTS IN CHILDHOOD DEVELOPMENT AND THE INTEGRATION OF INDIGENOUS KNOWLEDGE INTO THEIR FORMAL EDUCATION. THE RESOURCE CENTER FOR CHILDREN AND WOMEN IS ACTIVE, AND TRADITIONAL KNOWLEDGE IS BEING DISSEMINATED IN THE OGIEK COMMUNITIES.

REGION: REPUBLIC OF CONGO

(D) PURPOSE OF GRANT: INITIATED BY ACTIONS POUR LA PROMOTION ET PROTECTION DES PEUPLES ET ESPCES MENACS (APEM): THE AIM OF THIS PROJECT IS TO BUILD A NETWORK OF FRONTLINE FOREST DEFENDERS TO DOCUMENT AND EXPOSE HUMAN RIGHTS ABUSES OF FOREST DEPENDENT COMMUNITIES AFFECTED BY EXTRACTIVE INDUSTRIES AND/OR FOREST PROTECTION PROGRAM IN THE DEMOCRATIC

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.

REPUBLIC OF CONGO AND IN THE REPUBLIC OF CONGO.

REGION: BRAZIL

(D) PURPOSE OF GRANT: THIS PROJECT FOCUSES ON TRAINING THE DEFENDERS SO THEY CAN UNDERSTAND THE CURRENT LAWS AND PROCEDURES, AND PREPARE FOR ANY SITUATIONS THEY MAY FACE. DUE TO THE NEW POLITICAL SCENE, THERE IS URGENCY IN HAVING KNOWLEDGEABLE DEFENDERS ASSIST THEIR COMMUNITY REPRESENTATIVES AND ORGANIZATIONS IN ENGAGING WITH LOCAL ACTORS AND PUBLIC OFFICIALS.

REGION: COSTA RICA

(D) PURPOSE OF GRANT: THE BRIBRI INDIGENOUS PEOPLE OF THE SALITRE FOREST CONTINUE THEIR WORK TO EXPEL NON-INDIGENOUS PEOPLES FROM THEIR LAND AND STRENGTHEN THEIR GOVERNMENT STRUCTURES. IN 2019, THEY CONTINUED TO DEVELOP KNOWLEDGE FOR THE YOUTH, AND PROTECTION OF THEIR LAND FROM CONTINUED INVASION.

REGION: ECUADOR

(D) PURPOSE OF GRANT: FOLLOWING FROM THE SUCCESSFUL OUTCOME OF THE INDIGENOUS RIGHTS DEFENDERS' TRAINING, WHICH ALLOWED THEM IN EACH OF THEIR COMMUNITIES TO START A PROCESS OF STRATEGIC LITIGATION TO ADVANCE THEIR LEGAL RIGHTS, IN 2019 THEY INTEND TO BLOCK A GOLD RUSH IN THE ANCESTRAL KOFAN TERRITORY, TO HALT AN OIL AUCTION IN THE WAORIANI TERRITORY, TO DEMAND PROTECTION FOR INDIGENOUS PEOPLES, REMOVE BARRIERS TO INDIGENOUS LAND TITLES, AND RECOVER STOLEN RIGHTS TO INDIGENOUS LAND.

REGION: GUYANA

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.

(D) PURPOSE OF GRANT: IN 2018, THIS PROJECT LOCATED IN THE MOUNTAIN RANGE IN WESTERN GUYANA, WHICH HAS BEEN THE LAND OF THE PATAMONA AND MACHUSHI PEOPLES SINCE IMMEMORIAL TIMES, MADE GREAT ADVANCES IN MAPPING 80% OF THEIR TERRITORY IN VIEW OF CALMING A LAND TITLE. IN 2019 THEY AIM TO COMPLETE THE REMAINING 20% OF MAPPING ACTIVITIES IN THE REGION, VALIDATE PROPOSED TERRITORIAL BOUNDARIES WITH COMMUNITIES, DEVELOP AN ADVOCACY STRATEGY FOR THE PROPOSED TERRITORY, AND SUBMIT THE TERRITORIAL PROPOSAL TO THE GOVERNMENT.

REGION: PANAMA

(D) PURPOSE OF GRANT: THIS PROJECT AIMS AT INVOKING THE LAW 72/2008 FOR THE TITLING OF THEIR COLLECTIVE LAND, AND PREPARING A PROPOSAL FOR THE TITLE THROUGH GIS TECHNOLOGY.

REGION: PERU

(D) PURPOSE OF GRANT: THIS PROJECT IS AIMED AT COLLECTING INFORMATION ABOUT THREATS TO THE INDIGENOUS COMMUNITIES' LANDS, AND INFORM THEM SO THEY CAN TAKE ACTION. THE SECOND YEAR WAS GEARED TOWARDS COVERING MORE COMMUNITIES WITH THEIR ALERT SYSTEM. THE PROGRAM HAS PROVEN TO BE A FAST AND EFFECTIVE SYSTEM TO ALERT COMMUNITY MEMBERS OF ISSUES THAT ARE HAPPENING ON THEIR LAND, WHICH ALSO ALLOWS THEM TO PREPARE THEMSELVES FOR A POTENTIALLY DANGEROUS SITUATION.

REGION: UGANDA

(D) PURPOSE OF GRANT: STRATEGIC RESPONSE MECHANISM ACTIVATED TO HELP SUPPORT THE TRIAL OF INDIGENOUS GROUP BATWAN AS REQUESTED BY THE FOREST PEOPLES PROGRAMME, WHO IS MONITORING THE TRIAL.

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.

REGION: INDONESIA

(D) PURPOSE OF GRANT: THE DAYAK HAVE BEEN AT THE FOREFRONT OF THE INDIGENOUS RIGHTS MOVEMENT IN INDONESIA, BUT NOW THE BIG CHALLENGE THEY FACE IS RECOVERING THEIR LANDS FROM AN IMPOSED TRANSMIGRATION SCHEME WHICH WILL TAKE OVER SOME 80% OF THEIR LANDS WITHOUT ANY PREVIOUS CONSULTATION, OR LET ALONE CONSENT. THIS IMPOSED SCHEME IS ONE OF THE 48 BEING IMPOSED ON INDIGENOUS LAND ACROSS THE ARCHIPELAGO AND STRONG ACTIONS ARE NEEDED TO TRY TO REVERSE THIS POLICY AND GIVE THEM BACK THE RIGHT TO LIVE ON THEIR LANDS.

REGION: CENTRAL AFRICAN REPUBLIC

(D) PURPOSE OF GRANT: INITIATED BY GESTION DURABLE DES RESSOURCES NATURELLES ET DE ENVIRONMENTAL (GDRNE): THIS PROJECT SUPPORTS INDIGENOUS COMMUNITIES IN THE SOUTH-WEST REGION OF THE CENTRAL AFRICAN REPUBLIC TO LAY LEGAL CLAIM TO RECOGNITION OF THEIR RIGHTS TO THE LANDS AND RESOURCES THEY HAVE BEEN OCCUPYING AND USING FOR GENERATIONS. IN ADDITION TO SECURING LAND RIGHTS, THE PROGRAM AIMS TO SUPPORT COMMUNITIES IN THE NEXT STEP TO DEVELOP STRATEGIC SKILLS FOR SUCCESSFUL COMMUNITY FORESTRY MANAGEMENT.

REGION: MYANMAR

(D) PURPOSE OF GRANT: ." INITIATED BY: TENASSERIM RIVER & INDIGENOUS PEOPLES NETWORKS (TRIP-NET): TRIP NET WORKS TO PROTECT THE KAREN PEOPLE AND SECURE THEIR LAND RIGHTS. THE PROGRAM EMPOWERS LOCAL PEOPLE, TO PRACTICE SUSTAINABLE SYSTEMS FOR COMMUNITY DEVELOPMENT AND FOREST 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.

REGION: PHILIPPINES

(D) PURPOSE OF GRANT: THIS ORGANIZATION CONTINUES TO BE SUCCESSFUL AND PERSISTENT IN THEIR ACTIONS, HAVING BEEN ABLE TO GET TWO MUNICIPALITIES TO FREEZE THE HANDOUT OF AREAS FOR PALM OIL TO AVOID ESCALATION OF DISPUTES BETWEEN COMPANIES AND INDIGENOUS PEOPLES. THIS IN ITSELF IS A PRETTY IMPRESSIVE ACHIEVEMENT WHICH SHOWS THAT OUR SUPPORT IS KEY FOR THEM AS ACKNOWLEDGED BY THEMSELVES. IN 2019, THEY WILL WORK TOWARDS INCREASING THE TARGET GROUP'S ACCESS TO LAND AND RESOURCES AS REQUESTED BY THE GROUPS INVOLVED.

REGION: UGANDA

(D) PURPOSE OF GRANT: THE GOAL OF THE PROJECT IS TO STRENGTHEN THE SAFETY AND PROTECTION OF ENVIRONMENTAL/RIGHTS DEFENDERS WORKING IN THE ALBERTINE REGION OF UGANDA, WHERE BECAUSE NATURAL RESOURCES SUCH AS GAS, OIL, MINERALS, FORESTS, AND WILDLIFE ARE FOUND IN ABUNDANCE; INTERNATIONAL CORPORATIONS ARE PRESENT, AND THE WORK OF HUMAN RIGHTS DEFENDERS, JOURNALISTS, AND ACTIVISTS IS PLAYED BY THREATS, ASSAULTS, ARBITRARY ARRESTS BY GOVERNMENT FORCES, DETENTION KIDNAPPING AND MURDER. THEREFORE, THERE IS A HIGH NEED TO EQUIP ENVIRONMENTAL/RIGHTS DEFENDERS WITH SKILLS AND TOOLS TO POSITION THEM AT THE FOREFRONT, DEMANDING ACCOUNTABILITY FROM THE GOVERNMENT AND MULTINATIONAL CORPORATIONS. SAFETY TRAINING WHICH IS DOCUMENTED AND MONITORED, PROTECTION MEASURES, AND DIGITAL TOOLS, WILL BE IMPLEMENTED.

REGION: INDONESIA

(D) PURPOSE OF GRANT: INITIATED BY: PERKUMPULAN NURANI PEREMPUAN (PNP):

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.

THIS WOMEN'S ORGANIZATION IS A DEDICATED AND INCREASINGLY RESPECTED GROUP
LOCALLY, AND HAS GROWN AS AN INSTITUTION IN ITS CAPACITY TO DELIVER TO
THEIR PEOPLE. IN 2019 THEY CONTINUED ASSISTING INDIGENOUS BAHAU DAYAK IN
LONG LSUN.

Multiple horizontal lines for supplemental information.

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 (add col. (a) through col. (c))
		BEACON THEATER (event type)	AUCTION (event type)	NONE (total number)	
Revenue	1	Gross receipts	2,848,003.	291,315.	3,139,318.
	2	Less: Contributions	2,537,754.	244,102.	2,781,856.
	3	Gross income (line 1 minus line 2)	310,249.	47,213.	357,462.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		47,213.	47,213.
	6	Rent/facility costs			
	7	Food and beverages	250,006.		250,006.
	8	Entertainment			
	9	Other direct expenses	753,913.		753,913.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-693,670.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EVENT ASSOCIATES INC

(I) ADDRESS OF FUNDRAISER:

162 WEST 56TH STREET, STE 405, NEW YORK, NY 10019

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2019

**Open to Public
Inspection**

Name of the organization **THE RAINFOREST FUND INC.** Employer identification number **13-3710434**

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 noncash assistance	(h) Purpose of grant or assistance

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

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

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

Schedule I (Form 990) (2019)

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 noncash assistance

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

PART I, LINE 2:

THE ORG MONITORS THE USE OF GRANT FUNDS BY DIRECT CONTACT WITH THE
RECEIPIENT ORGANIZATIONS. THE ORG ONLY GRANTS FUNDS TO 501(C)(3)
ORGANIZATIONS, AND ONLY UPON THEIR FORMAL REQUEST.

**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

2019

Open to Public Inspection

Name of the organization: **THE RAINFOREST FUND INC.** Employer identification number: **13-3710434**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ATHOS GONTIJO FINANCIAL DIRECTOR	(i)	62,874.	0.	0.	0.	0.	62,874.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LI LU	TREASURER	3,557,385.	THE FOUNDAT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LI LU

(D) DESCRIPTION OF TRANSACTION: THE FOUNDATION HAS AN INVESTMENT IN A LIMITED PARTNERSHIP, HIMALAYAN CAPITAL INVESTORS, LP, EIN: 20-1444714. THIS ENTITY IS OWNED AND OPERATED BY LI LU WHO ALSO SERVES AS TREASURER FOR THE FOUNDATION. THE AMOUNT REPORTED ON SCHEDULE L, PAGE 2, PART IV, COLUMN C REPRESENTS THE DECEMBER 31, 2019 FAIR MARKET VALUE OF THE PARTNERSHIP INTEREST.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE RAINFOREST FUND INC.** Employer identification number **13-3710434**

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	X	7	3,500.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		3,250.	
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	X	5	56,800.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TRANSPORTION)	X	1	43,051.	
26 Other ▶ (CELEBRITY EXP)	X	6	31,000.	
27 Other ▶ (CONCERT SERIE)	X	1	20,000.	
28 Other ▶ (VACATION)	X	1	8,000.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, 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.		

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

Schedule M (Form 990) 2019

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

PART I, OTHER TYPES OF PROPERTY:

VINTAGE AND RARE WINES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 17
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
- (D) METHOD OF DETERMINING REVENUE:

SOFTWARE

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4162.
- (D) METHOD OF DETERMINING REVENUE:

CLOTHING

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 1
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 500.
- (D) METHOD OF DETERMINING REVENUE:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE RAINFOREST FUND INC.

Employer identification number

13-3710434

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS
OF THE RAINFOREST IN THEIR EFFORTS TO PROTECT THEIR ENVIRONMENT AND
DEFEND THEIR RIGHTS, TO PROMOTE SUSTAINABLE DEVELOPMENT OF THEIR
COMMUNITIES, AND TO CHALLENGE GOVERNMENT PRACTICES WHICH HAVE A
DAMAGING EFFECT ON THEIR ENVIRONMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR ENVIRONMENT.

THE ORGANIZATION ("ORG") CARRIES OUT ITS MISSION BY FUNDING PROGRAMS &
PROJECTS AIMED AT SUPPORTING INDIGENOUS PEOPLES AND TRADITIONAL
POPULATIONS OF THE RAINFOREST TO ASSERT & DEFEND THEIR RIGHTS, TO FIGHT
AGAINST DEVELOPMENT PROGRAMS WHICH HAVE DAMAGING EFFECTS ON THEIR
ENVIRONMENT, AND TO CARRY OUT VARIOUS PROJECTS PROMOTING THE GOVERNANCE
& THE ECONOMIC DEVELOPMENT OF THEIR COMMUNITIES.

THE ORG PROVIDES FINANCIAL SUPPORT FOR PROJECTS IN THE FIELD UNDERTAKEN
BY RELATED NATIONAL ORGANIZATIONS CALLED RAINFOREST FOUNDATION ("FDN")
NORWAY, RAINFOREST FDN UK, & RAINFOREST FDN US; OTHER ORGANIZATIONS
WORKING IN THE FIELDS OF HUMAN RIGHTS & THE ENVIRONMENT CAN SEEK THE
ORG'S SUPPORT.

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

THE ORGANIZATIONS PROGRAMS SERVICES ARE PRIMARILY BASED OUTSIDE OF THE
UNITED STATES. SEE SCHEDULES F AND I FOR PROGRAM SERVICES.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
---	---

EXPENSES \$ 743,103. INCLUDING GRANTS OF \$ 666,822. REVENUE \$ 0.

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

THE ORGANIZATION REVIEWS THE REVIEWED FINANCIAL STATEMENTS, THEN COMPARES THE FINANCIAL INFORMATION ON THE REVIEWED FINANCIAL STATEMENTS TO THE TAX RETURN. THE ORGANIZATION DISCUSSES THE TAX RETURN AND THE FINANCIAL STATEMENTS WITH THE OFFICERS.

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

THE BOARD HAS MEETINGS AT WHICH THEY DISCUSS ANY CONFLICTS OR POTENTIAL CONFLICTS THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS BUT THERE ISN'T CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH OTHER ENTITY'S WEB SITES, SUCH AS GUIDESTAR.COM.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

TRAVEL & ENTERTAINMENT:

PROGRAM SERVICE EXPENSES	19,381.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,381.

PORTFOLIO DEDUCTIONS THRU HIMALAYA CAPITAL INVESTMENTS, LP (20-1444714):

Name of the organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
--	--

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	15,007.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,007.

FOREIGN TAX THRU HIMALAYA CAPITAL INVESTMENTS, LP (20-1444714):

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,583.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,583.

SECURITY:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	10,151.
TOTAL EXPENSES	10,151.

AUCTION EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	8,531.
TOTAL EXPENSES	8,531.

TELEPHONE:

PROGRAM SERVICE EXPENSES	1,895.
MANAGEMENT AND GENERAL EXPENSES	1,896.
FUNDRAISING EXPENSES	1,896.
TOTAL EXPENSES	5,687.

Name of the organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
---	---

TRAVEL:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	4,362.
TOTAL EXPENSES	4,362.

CHAIRPERSON'S EXPENSES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,244.
TOTAL EXPENSES	3,244.

UTILITIES:

PROGRAM SERVICE EXPENSES	586.
MANAGEMENT AND GENERAL EXPENSES	586.
FUNDRAISING EXPENSES	586.
TOTAL EXPENSES	1,758.

PRINTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,500.
TOTAL EXPENSES	1,500.

WEBSITE:

PROGRAM SERVICE EXPENSES	952.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization THE RAINFOREST FUND INC.	Employer identification number 13-3710434
---	---

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 952.

POSTAGE & MAILINGS:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 178.

TOTAL EXPENSES 178.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 81,334.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
18	COMPUTER EQUIPMENT	08/30/12	SL	5.00		16	1,728.				1,728.	1,728.		0.	1,728.
19	COMPUTER EQUIPMENT	09/30/12	SL	5.00		16	645.				645.	645.		0.	645.
20	COMPUTER SOFTWARE	07/30/12	197	36M		HY43	1,176.				1,176.	1,027.		0.	1,027.
21	FURNITURE & FIXTURE	08/30/12	SL	7.00		16	1,950.				1,950.	1,767.		183.	1,950.
22	COMPUTER SOFTWARE	02/22/19	197	36M		HY42	4,178.				4,178.			1,219.	1,219.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						9,677.				9,677.	5,167.		1,402.	6,569.
	MACHINERY & EQUIPMENT														
17	COMPUTER EQUIPMENT	04/01/10	SL	5.00		16	697.				697.	703.		0.	703.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						697.				697.	703.		0.	703.
	* 990 PAGE 10 TOTAL -						10,374.				10,374.	5,870.		1,402.	7,272.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						10,374.				10,374.	5,870.		1,402.	7,272.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						6,196.			0.	6,196.	5,870.			6,053.
	ACQUISITIONS						4,178.			0.	4,178.	0.			1,219.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						10,374.			0.	10,374.	5,870.			7,272.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. 179

Name(s) shown on return THE RAINFOREST FUND INC.	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 13-3710434
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	183.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	183.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use?			

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year:					
COMPUTER SOFTWARE	022219	4,178.	197	36M	1,219.
	:				
43 Amortization of costs that began before your 2019 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	1,219.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE RAINFOREST FUND INC.	Taxpayer identification number (TIN) 13-3710434
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 420 LEXINGTON AVENUE, NO. 1710	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10170	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ATHOS GONTIJO, C/O RAINFOREST FUND

- The books are in the care of ▶ **420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 10170**
Telephone No. ▶ **212-677-6045** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name: **THE RAINFOREST FUND INC.** California corporation number: **1622945**

Additional information. See instructions. FEIN: **13-3710434**

Street address (suite or room): **420 LEXINGTON AVENUE, NO. 1710** PMB no. _____

City: **NEW YORK** State: **NY** ZIP code: **10170**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	4,077,838	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,969,666	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	7,047,504	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	886,429	00
	7	Total costs. Add line 5 and line 6	7	886,429	00
	8	Total gross income. Subtract line 7 from line 4	8	6,161,075	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	2,351,855	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,809,220	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A	00
	16	Penalties and Interest. See General Information J	16		00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Title: **CHAIRWOMAN** Date: _____ Telephone: **212-677-6045**

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00227146**
 Firm's name (or yours, if self-employed) and address: **DDK & COMPANY LLP**
ONE PENN PLAZA, 6TH FLR
NEW YORK, NY 10119 Firm's FEIN: **13-2738625** Telephone: **212-997-0600**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	357,462	00		
	2	Interest	•	2	1,937	00		
	3	Dividends	•	3	109,764	00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	3,618,734	00	
	7	Other income	SEE STATEMENT 3	•	7	-10,059	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	4,077,838	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 8	•	9	1,172,206	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees		•	11	109,446	00	
	12	Other salaries and wages		•	12		00	
	Expenses and Disbursements	13	Interest	•	13	2,938	00	
		14	Taxes	•	14	15,069	00	
		15	Rents	•	15	31,677	00	
		16	Depreciation and depletion (See instructions)		•	16	1,403	00
		17	Other Expenses and Disbursements	SEE STATEMENT 4	•	17	1,019,116	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	2,351,855	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		707,807		• 2,416,819
2 Net accounts receivable		340		• 595,791
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 5		4,336,837		• 4,026,020
10 a Depreciable assets	7,865		12,043	
b Less accumulated depreciation	(7,681)	184	(9,084)	2,959
11 Land				•
12 Other assets STMT 6		6,001		• 20,186
13 Total assets		5,051,169		7,061,775
Liabilities and net worth				
14 Accounts payable		51,786		• 212,347
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities STMT 7		130,404		898
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		4,868,979		• 6,848,530
22 Total liabilities and net worth		5,051,169		7,061,775

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	• 1,987,008	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	1,987,008
6 Total. Add line 1 through line 5	1,987,008		

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
			6,000.
			25,000.
			5,000.
			5,000.
			5,000.
			10,000.
			10,000.
			5,000.
			5,000.
			250,000.
			5,000.
			10,000.
			5,000.
			25,000.
			10,000.
			7,000.

50,000.

30,000.

10,000.

5,000.

5,000.

5,000.

10,000.

10,000.

25,000.

5,000.

5,000.

5,000.

5,000.

5,000.

5,000.

5,000.

5,000.

5,000.

5,000.

5,250.

10,000.

50,000.

5,000.

5,000.

10,000.

5,000.

8,000.

5,000.

5,500.

10,000.

25,000.

5,000.

150,000.

50,000.

5,000.

5,000.

10,000.

6,500.

25,000.

5,000.

25,000.

10,000.

5,000.

10,000.

7,000.

25,000.

25,000.

5,000.

25,000.

5,000.

5,000.

6,000.

5,000.

5,000.

5,000.

5,000.

40,000.

5,000.

7,500.

54,000.

100,000.

25,000.

22,500.

5,000.

7,641.

5,000.

5,000.

5,000.

10,000.

5,000.

5,000.

25,000.

50,000.

25,000.

5,000.

10,000.

6,000.

7,500.

7,500.

6,000.

25,000.

150,000.

5,000.

5,000.

5,000.

10,000.

25,000.

TOTAL INCLUDED ON LINE 3

1,834,891.

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	2
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>		
9,910.51 SHS - THIRD AVENUE VALUE FUND		08/23/19	PURCHASED		
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>	
	508,270.	0.	0.	400,000.	
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>		
MORGAN STANLEY		07/02/19	PURCHASED		
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>	
	88,418.	0.	0.	90,829.	
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>		
MORGAN STANLEY		07/02/19	PURCHASED		
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>	
	289,741.	0.	0.	316,061.	
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>		
THIRD AVENUE MANAGEMENT		12/31/19	PURCHASED		
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>	
	0.	0.	0.	4,538.	
<u>DESCRIPTION</u>	<u>DATE ACQUIRED</u>	<u>DATE SOLD</u>	<u>METHOD ACQUIRED</u>		
HIMALAYA CAPITAL INVESTORS LP		12/31/19	PURCHASED		
	<u>COST OR OTHER BASIS</u>	<u>DEPREC.</u>	<u>EXPENSE OF SALE</u>	<u>GROSS SALES PRICE</u>	
	0.	0.	0.	24,653.	

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
HIMALAYA CAPITAL INVESTORS LP		12/31/19	PURCHASED
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE
	0.	0.	0.
	GROSS SALES PRICE		
	2,782,653.		
TOTAL TO FORM 199, PAGE 2, LN 6	886,429.	0.	0.
	3,618,734.		

CA 199 OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	0.
FROM HIMALAYA CAPITAL INVESTMENTS, LP (20-1444714)	-10,059.
TOTAL TO FORM 199, PART II, LINE 7	-10,059.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
PENSION PLAN ACCRUALS AND CONTRIBUTIONS	6,334.
OTHER EMPLOYEE BENEFITS	8,458.
INSURANCE	2,553.
OFFICE EXPENSES	16,001.
PROFESSIONAL FEES	16,380.
TELEPHONE	5,688.
TRAVEL & ENTERTAINMENT	19,381.
UTILITIES	1,758.
WEBSITE EXPENSES	952.
DIRECT FUNDRAISING EXPENSES	926,604.
PORTFOLIO DEDUCTIONS	15,007.
TOTAL TO FORM 199, PART II, LINE 17	1,019,116.

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
HIMALAYA CAPITAL INVESTORS, LP		3,356,073.	3,557,385.
THIRD AVENUE VALUE FUND		406,730.	139,737.
MORGAN STANLEY SECURITIES		574,034.	328,898.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		4,336,837.	4,026,020.

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES		2,001.	3,119.
SECURITY DEPOSITS		4,000.	17,067.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		6,001.	20,186.

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PAYROLL		760.	754.
PENSION PAYABLE		144.	144.
DEFERRED REVENUE		129,500.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		130,404.	898.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	8
--------	---	-----------	---

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CHEPKITALE INDIGENOUS PEOPLE DEVELOPMENT	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	84,500.

TOTAL FOR THIS ACTIVITY	84,500.
-------------------------	---------

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RAINFOREST FOUNDATION U.S.	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	168,400.

TOTAL FOR THIS ACTIVITY	168,400.
-------------------------	----------

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RAINFOREST FOUNDATION U.K.	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	66,610.

TOTAL FOR THIS ACTIVITY 66,610.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COMUNIDAD VIVA	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	5,000.

TOTAL FOR THIS ACTIVITY 5,000.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ANAPAC	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	43,990.

TOTAL FOR THIS ACTIVITY 43,990.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PERKUMPULAN NURANI PEREMPUAN	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	44,326.

TOTAL FOR THIS ACTIVITY 44,326.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EQUIPE DE CONSERVACAO DE AMAZONIA	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	192,456.

TOTAL FOR THIS ACTIVITY 192,456.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAINFOREST FOUNDATION U.K.	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	57,024.

TOTAL FOR THIS ACTIVITY 57,024.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAINFOREST FOUNDATION NORWAY	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	67,274.

TOTAL FOR THIS ACTIVITY 67,274.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FUNDACION ALIANZA CEIBO	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	223,328.

TOTAL FOR THIS ACTIVITY 223,328.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FOREST PEOPLES PROGRAMME	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	20,000.

TOTAL FOR THIS ACTIVITY 20,000.

ACTIVITY CLASSIFICATION

TO SUPPORT CAMPAIGN AGAINST PIPELINE CONSTRUCTION IN NORTH DAKOTA.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NGETHA MEDIA ASSOCIATION FOR PEACE	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	23,026.

TOTAL FOR THIS ACTIVITY 23,026.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COALITION AGAINST LAND GRABBING	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	51,302.

TOTAL FOR THIS ACTIVITY 51,302.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AMERINDIAN PEOPLES ASSOCIATION	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	72,800.

TOTAL FOR THIS ACTIVITY 72,800.

ACTIVITY CLASSIFICATION

TO PROTECT AND SUPPORT INDIGENOUS PEOPLES AND TRADITIONAL POPULATIONS.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
YAYASAN MASYARAKAT KEHUTANAN LESTARI	C/O THE RAINFOREST FUND, 420 LEXINGTON AVENUE, SUITE 1710 - NEW YORK, NY 101	NONE	32,090.

TOTAL FOR THIS ACTIVITY

32,090.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9

1,152,126.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 13-3710434

Corporation name

California corporation number

THE RAINFOREST FUND INC.

1622945

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	9	5,020.	4,843.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	183

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	183
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	183
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19 20 COMPUTER SOFTWARE	07/30/12	1,176	1,027	197	36M	0	
22 COMPUTER SOFTWARE	02/22/19	4,178		197	36M	1,219	
TOTALS		5,354	1,027				
20	Total. Add the amounts in column (g)					20	1,219
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	1,219
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	0

CA 3885		DEPRECIATION				STATEMENT	9
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
17	COMPUTER EQUIPMENT 04/01/10	697.	703.	SL	5.00	0.	
18	COMPUTER EQUIPMENT 08/30/12	1,728.	1,728.	SL	5.00	0.	
19	COMPUTER EQUIPMENT 09/30/12	645.	645.	SL	5.00	0.	
21	FURNITURE & FIXTURE 08/30/12	1,950.	1,767.	SL	7.00	183.	
TOTAL TO FORM 3885		5,020.	4,843.			183.	

TAXABLE YEAR
2019

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
THE RAINFOREST FUND INC.	13-3710434

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	7,047,504
2 Total gross income (Form 199, line 8)	2	6,161,075
3 Total expenses and disbursements (Form 199, line 9)	3	2,351,855

Part II Settle Your Account Electronically for Taxable Year 2019

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here _____ _____ **CHAIRWOMAN**

Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00183573
Must Sign	Firm's name (or yours if self-employed) and address	DDK & COMPANY, LLP ONE PENN PLAZA 6TH FLR NEW YORK, NY			Firm's FEIN 13-2738625 ZIP code 10119

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00227146	
Must Sign	Firm's name (or yours if self-employed) and address	DDK & COMPANY LLP ONE PENN PLAZA, 6TH FLR NEW YORK, NY			Firm's FEIN 13-2738625 ZIP code 10119

**ANNUAL REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**
 Section 12586 and 12587, California Government Code
 11 Cal. Code Regs. section 301-307, 311 and 312

(For Registry Use Only)

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

<p><u>THE RAINFOREST FUND INC.</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>420 LEXINGTON AVENUE, NO. 1710</u> Address (Number and Street)</p> <p><u>NEW YORK, NY 10170</u> City or Town, State, and ZIP Code</p> <p><u>212-677-6045</u> _____ Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT9539980</u></p> <p>Corporation or Organization No. <u>1622945</u></p> <p>Federal Employer ID No. <u>13-3710434</u></p>
---	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2019 ending 12/31/2019) list:

Gross Annual Revenue \$ <u>5,109,943</u>	Noncash Contributions \$ <u>47,213</u>	Total Assets \$ <u>7,061,775</u>
Program Expenses \$ <u>1,248,487</u>	Total Expenses \$ <u>1,658,184</u>	

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <p style="text-align: right;">SEE STATEMENT 10</p>	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>FRANCA SCIUTO</u>	<u>CHAIRWOMAN</u>
Signature of Authorized Agent	Title
Printed Name	Date

CA RRF-1	EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1	STATEMENT 10
----------	---	--------------

THE TREASURER, AS PART OF HIS DUTIES, DIRECTS THE ORGANIZATION'S INVESTMENTS THROUGHOUT THE YEAR. THE ORGANIZATION'S INVESTMENT IN THE LIMITED PARTNERSHIP HEDGE FUND AT DECEMBER 31, 2019 WAS \$3,557,385

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-400

(Revised April 2008)

Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

Short-form filers, which take in \$10,000 or less per year in gross contributions, will no longer be granted an extension of time to file their renewal registration, pursuant to changes in the Charitable Registration and Investigation Act effective July 9, 2006, for fiscal years ending January 31, 2006, and after. *Please Note: Extensions of time to file cannot be granted for Initial Registrations.*

Date fiscal year ends: 12/31/19 Date of this application: _____ N.J. Charities Registration Number: CH- 0641900

Charity's Full Legal Name: THE RAINFOREST FUND INC.

Other Names Used (d.b.a.) _____

Mailing Address:

420 LEXINGTON AVENUE, NEW YORK, NY 10170

In care of:

Address

City

State

ZIP Code

Street Address:

420 LEXINGTON AVENUE NEW YORK, NY 10170

Street Address

City

State

ZIP Code

Check this box to flag a change of address or other vital information.

Contact Person: ATHOS GONTIJO

Phone Number: 212-677-6045

(include area code)

E-mail: _____

Federal Tax ID (EIN): 13-3710434

Web site: WWW.RAINFORESTFUND.ORG

Fax Number: 212-460-5609

(include area code)

1. A six-month extension of time to file the Renewal Statement and Financial Report(s), for the fiscal year-end shown above, is hereby requested for the following reason(s):

2. Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No
If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.

3. Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs? Yes No

4. Has the organization previously filed an initial registration with the Charities Registration Section? Yes No
If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.

5. Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.

- I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s).
- All of the questions on this application have been answered.
- The charity has filed all previous renewal registrations and required documents.
- The charity has paid all previous years' fees and penalties owed to the Division.
- Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."

We hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has paid all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Title CHAIRWOMAN Date _____

Signature _____ Title _____ Date _____

This form must be signed by at least one (1) officer of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <http://www.njconsumeraffairs.gov/ocp/charities.htm> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.

RETURN MUST BE FILED ONLINE.
This form cannot be paper filed - this
copy is for informational purposes only.

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12/31/2019
month day year

2. Federal ID Number (EIN) 13-3710434 2a. N.J. Charities Registration Number: CH- 0641900

3. Full legal name of the registering organization: THE RAINFOREST FUND INC.
In care of: (if necessary, otherwise leave this line blank) ATHOS GONTIJO

4. Mailing Address: 420 LEXINGTON AVENUE, NEW YORK, NY 10170 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization 420 LEXINGTON AVENUE NEW YORK, NY 10170
 Same as Mailing Address
Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.
ATHOS GONTIJO 420 LEXINGTON AVENUE SUITE 1710 NEW YORK, NY 10170
Contact person Street address City State ZIP Code
212-677-6045 212-460-5609
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:
212-677-6045 Telephone number (include area code) Fax number (include area code)
WWW.RAINFORESTFUND.ORG E-mail address Web site

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 03/10/1992 State: NY

As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.
NEW YORK, CALIFORNIA

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.
SUPPORT OF THE INDIGENOUS PEOPLE OF THE RAINFORESTS

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.
ALREADY EXISTS-SEE 990 PAGE 2, PART III

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name. SEE STATEMENT 1

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No
a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No
b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

<i>Full legal name and street address of the organization</i>				
Full legal name: THE RAINFOREST FUND INC.				
Fiscal year-end being reported: 12/31/2019 <small>month day year</small>		Federal ID Number (EIN) 13-3710434		
Mailing address: 420 LEXINGTON AVENUE, NEW YORK, NY 10170				
<small>Mailing Address</small>	<small>P.O. Box Number or Suite</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Street address of the registering organization: 420 LEXINGTON AVENUE NEW YORK, NY 10170				
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>ZIP Code</small>	
New Jersey Charities Registration number: CH 0641900		<small>-00 Telephone number:</small> 212-677-6045	<small>(include area code)</small>	

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- | | | |
|------|---|--|
| (1) | Direct mail | |
| (2) | Telephone solicitation | |
| (3) | Commercial co-venture | |
| (4) | Gross receipts from fund-raising events | |
| (5) | Canisters, counter cards, door to door etc | |
| (6) | Corporations and other businesses | |
| (7) | Foundations and trusts | |
| (8) | Donated land, buildings, property, equipment
and materials | |
| (9) | Legacies and bequests | |
| (10) | Membership dues solely resulting from
solicitations | |
| (11) | Other support (specify) | |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

- | | | |
|-----|--|--|
| (1) | Federated fund-raising organization | |
| (2) | From an affiliated organization | |
| (3) | From another fund-raising organization | |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a. _____

b. _____

c. _____

d. _____

Line A2e. Total Government Grants (add lines 2a thru 2d) _____

Line A3. Other Support

a. Bona fide membership _____

b. Program service revenue _____

c. Professional services rendered by volunteers _____

d. Miscellaneous income (specify) _____

Line A3e. Total Other Support (add the total of lines A3a thru A3d) _____

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e) _____

B. Expenses

Line B1. Program expenses _____

Line B2. Management and general expenses _____

Line B3. Fund-raising expenses _____

Line B4. Payments to state/national affiliates (if applicable) _____

Line B5. Total Expenses (add the totals of line B1 thru B4) _____

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4) _____

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year _____

Line D2. Other changes in net assets or fund balances (attach explanation) _____

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2) _____

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

**Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information**

Organization's Name: THE RAINFOREST FUND INC.

N.J. Charities Registration Number: CH- 0641900 -00

Federal ID Number (EIN) 13-3710434

Fiscal Year-End being reported: 12/31/2019
month day year

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:

- a. each other? Yes No
- b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
- c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
- d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.

25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No

If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name FRANCA SCIUTO Title CHAIRWOMAN Date _____

Signature _____ Name _____ Title _____ Date _____

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

FORM CRI-300R

INDEPENDENT FUND RAISERS
PAGE 2, LINE 15

STATEMENT 1

NAME OF INDEPENDENT FUND RAISER OR FUND RAISING COUNSEL

EVENT ASSOCIATES INC.

ADDRESS

162 WEST 56TH STREET SUITE 405, NEW YORK, NY 10019

TELEPHONE NUMBER

FAX NUMBER

NEW JERSEY CHARITIES REGISTRATION NO.

212-245-6570

CH-

FORM CRI-300R LIST OF OFFICERS, DIRECTORS, TRUSTEES STATEMENT 2
AND FIVE MOST HIGHLY PAID EMPLOYEES

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
ATHOS GONTIJO	FINANCIAL DIRECTOR	212-677-6045

ADDRESS

420 LEXINGTON AVENUE, SUITE 1710
NEW YORK, NY 10170

SALARY

62,874.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
JENNIFER CAPLAN	PROGRAM AND DEVELOPMENT AS	212-677-6045

ADDRESS

420 LEXINGTON AVENUE, SUITE 1710
NEW YORK, NY 10170

SALARY

57,750.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
FRANCA SCIUTO	CO-FOUNDER, CHAIRPERSON	212-677-6045

ADDRESS

420 LEXINGTON AVENUE, SUITE 1710
NEW YORK, NY 10170

SALARY

0.

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
LI LU	TREASURER	212-677-6045
<u>ADDRESS</u>		
420 LEXINGTON AVENUE, SUITE 1710 NEW YORK, NY 10170		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
TRUDIE STYLER	FOUNDER, DEPUTY CHAIRPERSO	212-677-6045
<u>ADDRESS</u>		
420 LEXINGTON AVENUE, SUITE 1710 NEW YORK, NY 10170		
<u>SALARY</u>		
0.		

<u>NAME OF INDIVIDUAL</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u>
MICKEY SUMNER	MEMBER	212-677-6045
<u>ADDRESS</u>		
420 LEXINGTON AVENUE, SUITE 1710 NEW YORK, NY 10170		
<u>SALARY</u>		
0.		

NAME OF INDIVIDUAL

TITLE

TELEPHONE NO.

JP DAVIDSON

MEMBER

212-677-6045

ADDRESS

420 LEXINGTON AVENUE, SUITE 1710
NEW YORK, NY 10170

SALARY

0.

Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name FRANCA SCIUTO Title CHAIRWOMAN Date _____

Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Name _____ Title _____ Date _____

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2019** and Ending (mm/dd/yyyy) **12/31/2019**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: THE RAINFOREST FUND INC.	Employer Identification Number (EIN): 13-3710434
	Mailing Address: 420 LEXINGTON AVENUE, NO. 1710	NY Registration Number: 05-33-70
	City / State / ZIP: NEW YORK, NY 10170	Telephone: 212 677-6045
	Website: WWW.RAINFORESTFUND.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: FRANCA SCIUTO
Signature _____ Print Name and Title _____ Date _____
CHAIRWOMAN

Chief Financial Officer or Treasurer: _____
Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: "Department of Law"
---	---------------------------------	------------------------------------	------------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2019

**Open to Public
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:	NY Registration Number:
THE RAINFOREST FUND INC.	05-33-70

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input checked="" type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP: EVENT ASSOCIATES, INC.	NY Registration Number: 32-51-58
	Mailing Address: 162 WEST 56TH STREET, SUITE 405	Telephone:
	City / State / ZIP: NEW YORK, NY 10019	

3. Contract Information

Contract Start Date: 01/01/2019	Contract End Date: 12/31/2019
------------------------------------	----------------------------------

4. Description of Services

Services provided by FRP:
THE FUNDRAISER PLAYS AN INSTRUMENTAL ROLE, INCLUDING PLANNING AND TICKET SALES, FOR THE ORGANIZATION IN CONNECTION WITH IT'S CARNEGIE HALL EVENT.

5. Description of Compensation

Compensation arrangement with FRP: THE FUNDRAISER RECEIVED SIX INSTALLMENT PAYMENTS TOTALING \$55,000. THE FEE IS EXCLUSIVE OF VENUE-RELATED COSTS AND OTHER ANCILLARY FEES.	Amount Paid to FRP: 55,000.
---	--------------------------------

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?